Image# 14942363861 PAGE 1 / 49

## **FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

| 1. NAME OF COMMITTEE (in full)  REPUBLICAN PARTY OF IOWA  ADDRESS (number and street)  Check if different than previously reported. (ACC)  DES MOINES  C C C00014498  3. IS THIS REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31  January 31  Lexample: If typing, type over the lines.  Example: If typing, type over the lines.  12 FE4M5  Example: If typing, type over the lines.  12 FE4M5  Example: If typing, type over the lines.  12 FE4M5  Example: If typing, type over the lines.  13 FE4M5  Example: If typing, type over the lines.  14 FE4M5  Example: If typing, type over the lines.  15 FE4M5  Example: If typing, type over the lines.  16 In Fe4M5  Example: If typing, type over the lines.  12 FE4M5  Example: If typing, type over the lines.  12 FE4M5  Example: If typing, type over the lines.  12 FE4M5  Example: If typing, type over the lines.  12 FE4M5  Example: If typing, type over the lines.  12 FE4M5  Example: If typing, type over the lines.  12 FE4M5  Example: If typing, type over the lines.  12 FE4M5  Example: If typing, type over the lines.  14 Fe4M5  Example: If typing, type over the lines.  14 Fe4M5  Example: If typing, type over the lines.  14 Fe4M5  Example: If typing, type over the lines.  14 Fe4M5  Example: If typing, type over the lines.  15 Fe4M5  Example: If typing, type over the lines.  14 Fe4M5  Example: If typing, type over the lines.  15 Fe4M5  Example: If typing, type over the lines.  16 In He In   |
|--|
| ADDRESS (number and street)  Check if different than previously reported. (ACC)  DES MOINES  2. FEC IDENTIFICATION NUMBER  C C00014498  C C00014498  C CO0014498  C CITY  STATE  A SO309  AMENDED  (A)  C (Non-Election Feed only)  April 15  Quarterly Report (Q1)  July 15  Quarterly Report (Q2)  October 15  Quarterly Report (Q3)  D Courrely Report (Q3)  January 31  C (C)  D Convention (12C)  ADDRESS (number and street)  APRE-Election  Report CONVENTION  CONVENTION  CONVENTION  CONVENTION  C (C)  D 12-Day  PRE-Election  Report for the:  C CONVENTION (12C)  Special (12S)  C (CONVENTION (12C)  Special (12S)  C (CONVENTION (12C)  C (CO |
| ADDRESS (number and street)  Check if different than previously reported. (ACC)  DES MOINES  2. FEC IDENTIFICATION NUMBER   C C00014498  3. IS THIS REPORT  (N) OR AMENDED  (A)  4. TYPE OF REPORT  (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  Quarterly Report (Q2)  Quarterly Report (Q2)  Quarterly Report (Q3)  January 31  DES MOINES  1A 50309  AMENDED  (N) OR AMENDED  (A)  Nov 20 (Non-Election Report (Q2)  Primary (12P)  General (12G)  Report (12S)  April 15 Quarterly Report (Q3)  PRE-Election Report (C1)  Report for the: Convention (12C)  Special (12S)  |
| ADDRESS (number and street)  Check if different than previously reported. (ACC)  DES MOINES  2. FEC IDENTIFICATION NUMBER   C C00014498  3. IS THIS REPORT  (N) OR AMENDED  (A)  4. TYPE OF REPORT  (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31  January 31  DES MOINES  1A 50309  AMENDED  (N) OR AMENDED  (A)  Nov 20 (Non-Election Report (12P)  General (12G)  Runoff (1: Primary (12P)  General (12G)  Runoff (1: Primary (12P)  Special (12S)   |
| than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C C00014498  3. IS THIS REPORT  (N) OR AMENDED (Non-Election ( |
| 22. FEC IDENTIFICATION NUMBER ▼  CITY ▲  STATE ▲  ZIP CODE ▲  3. IS THIS REPORT  (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31  CITY ▲  STATE ▲  ZIP CODE ▲  New (N) OR  AMENDED (A)  May 20 (M5)  Aug 20 (M8)  Nov 20 ((Non-Election (Non-Election Report (Q2))  Primary (12P)  General (12G)  Runoff (1:  October 15 Quarterly Report (Q3)  January 31   |
| 3. IS THIS REPORT X (N) OR AMENDED (A)  4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31  3. IS THIS REPORT X (N) OR (A)  May 20 (M5) Aug 20 (M8) Nov 20 ((Non-Election Year Only)  April 15 Quarterly Report (Q1) Dec 20 ((Non-Election Year Only)  April 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)  January 31   |
| 4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31  REPORT X (N) OR  (A)  May 20 (M5) Aug 20 (M8) Nov 20 (Non-Election (Non-Electi |
| (Choose One)  (Report Due On:    April 15  |
| April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31  Apr 20 (M4)  Apr 20 (M4)  Apr 20 (M4)  Apr 20 (M7)  Oct 20 (M10)  Jan 31 (12)  Primary (12P)  General (12G)  Runoff (12)  Special (12S)  |
| April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31  Convention (12P) Primary (12P) General (12G) Runoff (12P) Convention (12C) Special (12S)   |
| July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31  PRE-Election Report for the: Convention (12C) Special (12S)   |
| October 15 Quarterly Report (Q3)  January 31  Report for the: Convention (12C) Special (12S)  M M / D D / Y Y Y Y Y Y in the   |
| January 31   |
|  |
| July 31 Mid-Year Report (Non-election Year Only) (MY)  (d) 30-Day  POST-Election General (30G) Runoff (30R) Special (3   |
| Termination Report (TER)  Report for the:    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| 5. Covering Period 06 01 2014 through 06 30 2014   |
| I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  |
| Type or Print Name of Treasurer WILLIAM R. GUSTOFF   |
| Signature of Treasurer  WILLIAM R. GUSTOFF  [Electronically Filed]  Date  MMM 07 20 2014   |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §43  |
| Office Use Only FEC FORM 3X Rev. 12/2004   |

|     | FEC Form 3X (Rev. 02/2003) rite or Type Committee Name REPUBLICAN PARTY OF IOWA                  |                                    | Page <b>2</b>                                  |
|-----|--|------------------------------------|--|
| R   | eport Covering the Period: From: 06  | 01 2014 To:                        | e: 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|     | _  | COLUMN A<br>This Period            | COLUMN B<br>Calendar Year-to-Date              |
| 6.  | (a) Cash on Hand January 1, 2014   |                                    | 302443.54                                      |
|     | (b) Cash on Hand at Beginning of Reporting Period  | 130399.15                          |  |
|     | (c) Total Receipts (from Line 19)  | 29602.50                           | 272390.41                                      |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | 160001.65                          | 574833.95                                      |
| 7.  | Total Disbursements (from Line 31)   | 148783.15                          | 563615.45                                      |
| 3.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | 11218.50                           | 11218.50                                       |
| 9.  | Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                               |  |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)        | 0.00                               |  |
|     | This committee has qualified as a multicand  | idate committee. (see FEC FORM 1M) |  |

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## REPUBLICAN PARTY OF IOWA

| Re  | eport Covering the Period: From:   | 01 2014 To:                   | 06 30 2014                        |  |  |  |  |
|-----|--|-------------------------------|-----------------------------------|--|--|--|--|
|     | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |  |  |
| 11. | Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees |                               |                                   |  |  |  |  |
|     | (i) Itemized (use Schedule A)  | 2800.00                       | 32903.00                          |  |  |  |  |
|     | (ii) Unitemized(iii) TOTAL (add  | 6512.50                       | 85405.05                          |  |  |  |  |
|     | Lines 11(a)(i) and (ii)  | 9312.50                       | 118308.05                         |  |  |  |  |
|     | (b) Political Party Committees   | 0.00                          | 0.00                              |  |  |  |  |
|     | (such as PACs)(d) Total Contributions (add Lines   | 1250.00                       | 8400.00                           |  |  |  |  |
|     | 11(a)(iii), (b), and (c)) (Carry<br>Totals to Line 33, page 5)▶                                  | 10562.50                      | 126708.05                         |  |  |  |  |
| 12. | Transfers From Affiliated/Other Party Committees   | 17540.00                      | 59050.00                          |  |  |  |  |
| 13. | All Loans Received   | 0.00                          | 0.00                              |  |  |  |  |
|     | Loan Repayments Received Offsets To Operating Expenditures                                       | 0.00                          | 0.00                              |  |  |  |  |
| 16. | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made         | 0.00                          | 0.00                              |  |  |  |  |
|     | to Federal Candidates and Other Political Committees   | 0.00                          | 0.00                              |  |  |  |  |
|     | Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds   | 0.00                          | 0.00                              |  |  |  |  |
|     | (a) Non-Federal Account (from Schedule H3)   | 1500.00                       | , , , 86632.36                    |  |  |  |  |
|     | (b) Levin Funds (from Schedule H5)   | 0.00                          | 0.00                              |  |  |  |  |
|     | (c) Total Transfers (add 18(a) and 18(b))  | 1500.00                       | 86632.36                          |  |  |  |  |
|     |  |                               |                                   |  |  |  |  |
| 19. | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶                             | 29602.50                      | 272390.41                         |  |  |  |  |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19)▶                                       | 28102.50                      | 185758.05                         |  |  |  |  |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |  |
|--|----------------------------|-----------------------------------|--|--|--|
| . Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | Total Tillo I Ollow        | Calcinal Teal-to-Date             |  |  |  |
| (i) Federal Share  | 18032.91                   | 49255.51                          |  |  |  |
| ()   |                            |                                   |  |  |  |
| (ii) Non-Federal Share   | 65501.99                   | 179027.34                         |  |  |  |
| (b) Other Federal Operating  | 40075 44                   | 207260 04                         |  |  |  |
| Expenditures(c) Total Operating Expenditures   | 48075.11                   | 207369.01                         |  |  |  |
| (add 21(a)(i), (a)(ii), and (b))▶  | 131610.01                  | 435651.86                         |  |  |  |
| Transfers to Affiliated/Other Party  |                            |                                   |  |  |  |
| Committees   | 17173.14                   | 127963.59                         |  |  |  |
| Contributions to Federal Candidates/Committees   |                            |                                   |  |  |  |
| and Other Political Committees   | 0.00                       | 0.00                              |  |  |  |
| Independent Expenditures   | 0.00                       | 0.00                              |  |  |  |
| (use Schedule E) Coordinated Party Expenditures  | 0.00                       | 0.00                              |  |  |  |
| (2 U.S.C. §441a(d))<br>(use Schedule F)  | 0.00                       | 0.00                              |  |  |  |
| (use Scriedule F)  | 7 7                        | 0.00                              |  |  |  |
| Loan Repayments Made   | 0.00                       | 0.00                              |  |  |  |
| ,,,,   |                            |                                   |  |  |  |
| Loans Made   | 0.00                       | 0.00                              |  |  |  |
| Refunds of Contributions To: (a) Individuals/Persons Other                               |                            |                                   |  |  |  |
| Than Political Committees  | 0.00                       | 0.00                              |  |  |  |
| (I) Balling Bod Constitution   | 0.00                       | 0.00                              |  |  |  |
| (b) Political Party Committees   | 0.00                       | 0.00                              |  |  |  |
| (c) Other Political Committees (such as PACs)  | 0.00                       | 0.00                              |  |  |  |
| (505) 45 17(55)  |                            |                                   |  |  |  |
| (d) Total Contribution Refunds   |                            |                                   |  |  |  |
| (add Lines 28(a), (b), and (c))▶   | 0.00                       | 0.00                              |  |  |  |
|  |                            |                                   |  |  |  |
| Other Disbursements  | 0.00                       | 0.00                              |  |  |  |
| Fodoral Floation Activity (2.11.5.C. \$421/20))  |                            |                                   |  |  |  |
| Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity    |                            |                                   |  |  |  |
| (from Schedule H6)   |                            |                                   |  |  |  |
| (i) Federal Share  | 0.00                       | 0.00                              |  |  |  |
| ``   |                            |                                   |  |  |  |
| (ii) "Levin" Share   | 0.00                       | 0.00                              |  |  |  |
| (b) Federal Election Activity Paid Entirely  |                            |                                   |  |  |  |
| With Federal Funds   | 0.00                       | 0.00                              |  |  |  |
| (c) Total Federal Election Activity (add   | 0.00                       | 0.00                              |  |  |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶  | 0.00                       | 0.00                              |  |  |  |
| Total Disbursements (add Lines 21(c), 22,  |                            |                                   |  |  |  |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))   | 148783.15                  | 563615.45                         |  |  |  |
| ,  | 7                          | 000010.40                         |  |  |  |
| Total Federal Disbursements  |                            |                                   |  |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)  |                            |                                   |  |  |  |
| from Line 31)  | 83281.16                   | 384588.11                         |  |  |  |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                              |          |           |  |
|--|----------|-----------|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)        | 10562.50 | 126708.05 |  |
| 4. Total Contribution Refunds (from Line 28(d))                            | 0.00     | 0.00      |  |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 10562.50 | 126708.05 |  |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 66108.02 | 256624.52 |  |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00     | 0.00      |  |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36)              | 66108.02 | 256624.52 |  |

## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

| ı |                  |     |  |     |  | PAGE | = | 6  | OF | 49 |
|---|------------------|-----|--|-----|--|------|---|----|----|----|
| ı | (check only one) |     |  |     |  |      |   |    |    |    |
|   | X                | 11a |  | 11b |  | 11c  |   | 12 | 2  |    |
| ı |                  | 13  |  | 14  |  | 15   |   | 16 | 6  | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or          |  | name and address of any political committee to |                                    |
|-------------|--|--|------------------------------------|
| $\setminus$ | NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF IOWA       | A  |                                    |
| Α.          | Full Name (Last, First, Middle Initial) GARY CARLSON       |  | Date of Receipt                    |
|             | Mailing Address 104 DEERPATH LANE                          | 06 13 2014                                     |                                    |
|             | City   | State Zip Code                                 | Transaction ID : SA11AI.14693      |
|             | MUSCATINE  | IA 52761                                       | Amount of Each Receipt this Period |
|             | FEC ID number of contributing federal political committee. | C  | 200.00                             |
|             | Name of Employer   | Occupation                                     |                                    |
|             | HNI CORPORATION  | VICE PRESIDENT                                 |                                    |
|             | Receipt For:   | Aggregate Year-to-Date ▼                       |                                    |
|             | Primary General  Other (specify) ▼                         | 222.00   |                                    |
| В.          | Full Name (Last, First, Middle Initial) JOHN DEVRIES       |  | Date of Receipt                    |
|             | Mailing Address 2516 JORDAN GROVE                          | 06 19 2014                                     |                                    |
|             | City   | State Zip Code                                 | Transaction ID : SA11AI.14113      |
|             | WEST DES MOINES  | IA 50265                                       | Amount of Each Receipt this Period |
|             | FEC ID number of contributing federal political committee. | C  | 1000.00                            |
|             | Name of Employer   | Occupation                                     |                                    |
|             | DE VRIES COMMUNICATIONS, INC.                              | OWNER - TRAVEL AGENCY                          |                                    |
|             | Receipt For:   | Aggregate Year-to-Date ▼                       |                                    |
|             | Primary General Other (specify) ▼                          | 1000.00  |                                    |
|             | Full Name (Last, First, Middle Initial) CODY HOEFERT       |  | Date of Receipt                    |
| Ο.          | Mailing Address 907 SOUTH GREENE STREE                     | Т  | 06 29 2014                         |
|             | City   | State Zip Code                                 | Transaction ID : SA11AI.14110      |
|             | ROCK RAPIDS  | IA 51246                                       | Amount of Each Receipt this Period |
|             | FEC ID number of contributing federal political committee. | C  | 1000.00                            |
|             | Name of Employer   | Occupation                                     |                                    |
|             | LYON COUNTY CHIROPRACTIC                                   | CHIROPRACTOR                                   |                                    |
|             | Receipt For:   | Aggregate Year-to-Date ▼                       |                                    |
|             | Primary General  |  |                                    |
|             | Other (specify) ▼  | 1000.00  |                                    |
| S           | UBTOTAL of Receipts This Page (optional)                   |  | 2200.00                            |
| Т           | OTAL This Period (last page this line number of            | only)  |                                    |

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR I            | PAGE |     | 7 | OF  | 49 |    |  |    |
|------------------|------|-----|---|-----|----|----|--|----|
| (check only one) |      |     |   |     |    |    |  |    |
| X 1              | 1a   | 11b |   | 11c |    | 12 |  |    |
| 1                | 3    | 14  |   | 15  |    | 16 |  | 17 |

| or for commercial purposes, other than using the   | name and address of any political committee to |   |  |  |  |
|--|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF IOWA                                     | 4  |   |  |  |  |
| Full Name (Last, First, Middle Initial) VERNON ROBINSON Mailing Address 2713 EDINBURG DR | ON ROBINSON                                    |   |  |  |  |
| City   | State Zip Code                                 | 06 12 2014 Transaction ID : SA11AI.14114                                      |  |  |  |
| WINSTON SALEM  | NC 27103                                       | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                               | С  | 250.00  |  |  |  |
| Name of Employer   | Occupation CAMPAIGN DIRECTOR                   |   |  |  |  |
| NATIONAL DRAFT BEN CARSON FOR PRESI<br>Receipt For:                                      | CAMPAIGN DIRECTOR  Aggregate Year-to-Date ▼    |   |  |  |  |
| Primary General Other (specify) ▼  | Aggregate Year-to-Date ▼ 1250.00               |   |  |  |  |
| Full Name (Last, First, Middle Initial)  HARLAN VANDERGRIEND                             |  | Date of Receipt   |  |  |  |
| Mailing Address 1341 KAHLER CT   |  | M = M / D = D / Y = Y = Y = Y   |  |  |  |
| City<br>SHELDON  | State Zip Code<br>IA 51201                     | 06 29 2014  Transaction ID : SA11AI.14111  Amount of Each Receipt this Period |  |  |  |
| FEC ID number of contributing federal political committee.                               | C  | 100.00  |  |  |  |
| Name of Employer<br>SELF-EMPLOYED  | Occupation OPTOMETRIST                         |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 300.00                |   |  |  |  |
| Full Name (Last, First, Middle Initial)  SHERILL WHISENAND                               |  | Date of Receipt   |  |  |  |
| Mailing Address 4441 URBANDALE AVENUE  |  | 06 30 _ 2014 _  |  |  |  |
| City DES MOINES  | State Zip Code<br>IA 50310                     | Transaction ID : SA11AI.14093  Amount of Each Receipt this Period             |  |  |  |
| FEC ID number of contributing federal political committee.                               | C  | 250.00  |  |  |  |
| Name of Employer   | Occupation                                     |   |  |  |  |
| APOLLO GROUP, INC Receipt For:   | COLLEGIATE ENROLLMENT REPRESENTAT              |   |  |  |  |
| Receipt For:  Primary  General   | Aggregate Year-to-Date ▼                       |   |  |  |  |
| Other (specify) ▼  | 250.00   |   |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |  | 600.00  |  |  |  |
| TOTAL This Period (last page this line number of   | only)  | 2800.00   |  |  |  |

City

**DES MOINES** 

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

State

IΑ

TOTAL This Period (last page this line number only).....

| Image# 14942363868   |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:         PAGE         8         OF         49           (check only one)         11a         11b         X         11c         12           13         14         15         16         17 |  |  |  |  |  |
| Any information copied from such Reports and Sta or for commercial purposes, other than using the r          |   |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF IOWA   |   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) CITIZENS FOR SELF GOVERNANCE Mailing Address 17341 D PICKWICK CIRCLE | Date of Receipt   |  |  |  |  |  |  |
| City PURCELLVILLE  | State Zip Code<br>VA 20132  | Transaction ID : SA11C.14109  Amount of Each Receipt this Period   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C   | 250.00   |  |  |  |  |  |
| Name of Employer   | Occupation  | -  |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  250.00  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  B. GRASSLEY COMMITTEE INC   |   |  |  |  |  |  |  |
| Mailing Address PO BOX 1000  | Date of Receipt   |  |  |  |  |  |  |

Transaction ID : SA11C.14772

Amount of Each Receipt this Period

|               | FEC ID number of contributing federal political committee. | C C00230482                        | 1000.00                            |  |  |  |  |
|---------------|--|------------------------------------|------------------------------------|--|--|--|--|
|               | Name of Employer   | Occupation                         |                                    |  |  |  |  |
|               | Receipt For:  Primary General  Other (specify) ▼           | Aggregate Year-to-Date ▼  3200.00  |                                    |  |  |  |  |
| <del></del> - | Full Name (Last, First, Middle Initial)                    | Date of Receipt                    |                                    |  |  |  |  |
|               | Mailing Address  | iling Address                      |                                    |  |  |  |  |
|               | City   | Amount of Each Receipt this Period |                                    |  |  |  |  |
|               | FEC ID number of contributing federal political committee. | C                                  | Amount of Each Flocopt this Follow |  |  |  |  |
|               | Name of Employer   | Occupation                         |                                    |  |  |  |  |
|               | Receipt For: Primary General Other (specify)               | Aggregate Year-to-Date ▼           |                                    |  |  |  |  |
| s             | UBTOTAL of Receipts This Page (optional)                   |                                    | 1250.00                            |  |  |  |  |

Zip Code

50304

1250.00

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| Use separate schedule(s) for each category of the Detailed Summary Page  | F  | OR               | LINE | NU | MBER | : | PAGE |   | 9  | OF | 49 |   |
|--|----|------------------|------|----|------|---|------|---|----|----|----|---|
|  | (0 | (check only one) |      |    |      |   |      |   |    |    |    |   |
|  |    |                  | 11a  |    | 11b  |   | 11c  | X | 12 |    |    |   |
|  |    |                  | 13   |    | 14   |   | 15   |   | 16 |    | 17 | , |
| not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee. |    |                  |      |    |      |   |      |   |    |    |    |   |
|  |    |                  |      |    |      |   |      |   |    |    |    |   |

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF IOWA Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE Date of Receipt Mailing Address 310 FIRST STREET SE 06 02 2014 City State Zip Code Transaction ID: SA12.14115 DC 20003 WASHINGTON Amount of Each Receipt this Period FEC ID number of contributing 17540.00 C00003418 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 59050.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City Zip Code State Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 17540.00 SUBTOTAL of Receipts This Page (optional)..... 17540.00 TOTAL This Period (last page this line number only).....

## S 17

| S           | CHEDULE B (FEC Form 3X)  |                         |                     | T FOR LINE : | ILIMBER   |            | DA       | GE 10       | OF 49  |
|-------------|--|-------------------------|---------------------|--------------|-----------|------------|----------|-------------|--------|
|             | •  | Use separat             | te schedule(s)      | FOR LINE N   | -         |            | LFA      | <u>u</u> 10 | O1 48  |
| П           | EMIZED DISBURSEMENTS   |                         | tegory of the       | X 21b        | 22        | 23         | 24       | 25          | □ 26   |
|             |  | Detailed Sur            | mmary Page          | 27           | 28a       | 28b        | 28c      | 29          | 30b    |
| ^           | ny information conical frame cuch December and Co.   | nanta :                 | he estat and        |              |           |            |          |             |        |
|             | ny information copied from such Reports and Staten<br>for commercial purposes, other than using the name |                         |                     |              |           |            |          |             |        |
| <u> </u>    | NAME OF COMMITTEE (In Full)  |                         | o o. a, poo.        |              |           |            |          |             |        |
| $  \rangle$ | REPUBLICAN PARTY OF IOWA   |                         |                     |              |           |            |          |             |        |
| /           | REPUBLICAN PARTY OF IOWA   |                         |                     |              |           |            |          |             |        |
| _           | Full Name (Last, First, Middle Initial)  |                         |                     |              |           |            |          |             |        |
| Α.          | APPLE STORE  |                         |                     |              | Date of D | isburser   | ment     |             |        |
|             | 74 TEE OTORE   |                         |                     |              | M M       | D          | D /      | /           | V      |
|             | Mailing Address 101 S. 74TH STREET   |                         |                     |              | 06        | 02         |          | 2014        |        |
|             |  |                         |                     |              |           |            |          |             |        |
|             | City   | State Z                 | Zip Code            |              | Transac   | ion ID     | - CD21D  | 14622       |        |
|             | WEST DES MOINES  | IA 5                    | 50266               |              | Hallsac   | עו ווטוו   | . 30210  | .14022      |        |
|             | Purpose of Disbursement CHASE CC PAYMENT: OFFICE SUPPLIES  |                         |                     |              |           |            |          |             |        |
|             |  |                         |                     |              | Amount of | Each I     | Disburse | ment this   | Period |
|             | Candidate Name   |                         |                     | Category/    |           |            |          | (           | 64.66  |
|             | Office Country   House   |                         |                     | Туре         |           | 7          | 7        |             |        |
|             | Office Sought: House Disburser   | _                       | Camanal             |              | [MEMO IT  | EM]        |          |             |        |
|             | Senate President   | Primary Other (enecify) | General             |              |           |            |          |             |        |
|             | State: District:   | Other (specify          | ) <b>\</b>          |              |           |            |          |             |        |
| _           |  |                         |                     |              |           |            |          |             |        |
| R           | Full Name (Last, First, Middle Initial)  |                         |                     |              | Date of D | ichurca    | ment     |             |        |
| υ.          | AUTHORIZE.NET  |                         |                     |              |           |            |          |             |        |
|             | Mailing Address PO BOX 8999  |                         |                     |              | 06        | 11         |          | 2014        | " Y    |
|             | Mailing Address - FO BOX 9999  |                         |                     |              | 00        |            |          | 2014        |        |
|             | City   | State Z                 | Zip Code            |              |           |            | 00040    | 4.4000      |        |
|             | SAN FRANCISCO  |                         | 94128               |              | Transac   | tion ID    | : SB21B  | .14623      |        |
|             | Purpose of Disbursement  |                         |                     |              |           |            |          |             |        |
|             | MERCHANT FEES  |                         |                     |              | Amount of | Each I     | Disburse | ment this   | Period |
|             | Candidate Name   |                         |                     | Category/    |           |            |          |             | 92.22  |
|             |  |                         |                     | Type         |           | 7          | - 7      |             | 92.22  |
|             | Office Sought: House Disbursen   |                         |                     |              |           |            |          |             |        |
|             |  | Primary                 | General             |              |           |            |          |             |        |
|             |  | Other (specify          | y) <b>▼</b>         |              |           |            |          |             |        |
| _           | State: District:   |                         |                     |              |           |            |          |             |        |
| _           | Full Name (Last, First, Middle Initial)  |                         |                     |              | Data of D | abu == = = | mant     |             |        |
| C.          | BANKERS TRUST CC FEDERAL   |                         |                     |              | Date of D | sburser    | ment<br> |             |        |
|             | Mailing Address DO DOV 1001  |                         |                     |              | M M M     | 20         |          | 2014        | Y      |
|             | Mailing Address PO BOX 1991  |                         |                     |              | 05        | 30         | <u>'</u> | 2014        | -      |
|             | City   | State Z                 | Zip Code            | +            |           |            |          |             |        |
|             | DES MOINES   |                         | 50305               |              | Transac   | tion ID    | : SB21B  | .14681      |        |
|             | Purpose of Disbursement  |                         |                     |              |           |            |          |             |        |
|             | BANKERS TRUST CC PAYMENT: BANK FEES  |                         |                     |              | Amount of | Each I     | Disburse | ment this   | Period |
|             | Candidate Name   |                         |                     | Category/    |           |            |          |             | 40.57  |
|             |  |                         |                     | Type         |           | 7          |          |             | 40.57  |
|             | Office Sought: House Disburser   | nent For:               |                     |              | [MEMO IT  | EM]        | ,        |             |        |
|             | Senate   | Primary                 | General             |              | -         | -          |          |             |        |
|             | President  | Other (specify          | <b>y</b> ) <b>▼</b> |              |           |            |          |             |        |
|             | State: District:   |                         |                     |              |           |            |          |             |        |
|             |  |                         |                     |              |           |            |          | <del></del> | 20.00  |
| 8           | SUBTOTAL of Disbursements This Page (optional)   |                         |                     |              |           | 7          | - 1 - 7  | ç           | 92.22  |
|             |  |                         |                     |              |           |            |          |             |        |
| 1 7         | OTAL This Period (last nage this line number only)   |                         |                     | <b>L</b>     |           |            |          |             |        |

| S           | CHEDULE B (FEC Form 3X)                              |                     |                                 | FC     | DR I         | LINE N        | NUJ  | IBFR:       | :     |        |        | PA              | GE    | 11      | OF       | 49  |
|-------------|--|---------------------|---------------------------------|--------|--------------|---------------|------|-------------|-------|--------|--------|-----------------|-------|---------|----------|-----|
| IT          | EMIZED DISBURSEMENTS                                 |                     | rate schedule(s)                |        | hecl         | k only        | one  | )           |       | _      | _      |                 |       | _       |          |     |
|             |  |                     | category of the<br>Summary Page |        | X            | 21b           |      | 22          |       | 23     |        | 24              |       | 25      |          | 26  |
| _           |  |                     |                                 |        |              | 27            |      | 28a         |       | 28b    |        | 28c             |       | 29      |          | 30b |
|             | ny information copied from such Reports and Staten   |                     |                                 |        |              |               |      |             |       |        |        |                 |       |         |          | s   |
| or          | for commercial purposes, other than using the name   | ie aliu addre       | ess or any pointic              | ai com | ii i i i i i | 166 10        | SUII | UIL CO      | TITIC | วนแบทร | o II   | om Su           | CII C | ווווווו | uee.     |     |
| $  \rangle$ | NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF IOWA |                     |                                 |        |              |               |      |             |       |        |        |                 |       |         |          |     |
| /           | REPUBLICAN FARTT OF IOWA                             |                     |                                 |        |              |               |      |             |       |        |        |                 |       |         |          |     |
|             | Full Name (Last, First, Middle Initial)              |                     |                                 |        |              |               |      |             |       |        |        |                 |       |         |          |     |
| A.          | BANKERS TRUST CC FEDERAL                             |                     |                                 |        |              |               | D    | ate o       | f Dis | sburse | eme    | ent             |       |         |          |     |
|             | Mailing Address DO DOY (50)                          |                     |                                 |        |              |               | Г    | M = M       | 1     |        | D      | /               |       | Y       | I Y      |     |
|             | Mailing Address PO BOX 1991                          |                     |                                 |        |              |               | L    | 06          |       | 1      | 1      | 4 L             | 2     | 014     |          |     |
|             | City   | State               | Zip Code                        |        |              |               |      | _           |       |        |        |                 |       |         |          |     |
|             | DES MOINES   | IA                  | 50305                           |        |              |               | •    | Trans       | sacti | ion ID | : 9    | SB21B           | .146  | 24      |          |     |
|             | Purpose of Disbursement<br>BANK FEES                 |                     |                                 |        | -            |               |      |             |       |        | _      | -1-             |       |         | <u>.</u> |     |
|             | Candidate Name                                       |                     |                                 |        |              |               | Aı   | moun        | t Of  | ∟ach   | υi     | sburse          | men   | this    | Peri     | od  |
|             | Candidate Ivallie                                    |                     |                                 | Cate   | egor<br>/pe  | y/            |      |             | -     |        |        |                 | _     |         | 3.64     |     |
|             | Office Sought: House Disburser                       | nent For:           |                                 | ')     | /pc          |               |      |             |       | 7      |        | ,               |       |         |          |     |
|             |  | Primary             | General                         |        |              |               |      |             |       |        |        |                 |       |         |          |     |
|             |  | Other (spec         | ify) ▼                          |        |              |               |      |             |       |        |        |                 |       |         |          |     |
|             | State: District:                                     |                     |                                 |        |              |               |      |             |       |        |        |                 |       |         |          |     |
| P           | Full Name (Last, First, Middle Initial)              |                     |                                 |        |              |               | ר    | ata s       | f D:  | sburse |        | on <del>t</del> |       |         |          |     |
| IJ.         | BANKERS TRUST CC FEDERAL                             |                     |                                 |        |              |               |      |             |       |        |        | ent .           | V =   | Y       | 17       |     |
|             | Mailing Address PO BOX 1991                          |                     |                                 |        |              |               |      | м = м<br>06 | 1     |        | D<br>1 |                 |       | 014     | = Y      |     |
|             |  |                     |                                 |        |              |               |      |             |       |        |        |                 |       |         |          |     |
|             |  | State               | Zip Code                        |        |              | T             | -    | Trans       | sact  | ion ID | ::     | SB21B           | .146  | 25      |          |     |
|             | DES MOINES Purpose of Disbursement                   | IA                  | 50305                           |        |              |               |      |             |       |        |        |                 |       |         |          |     |
|             | BANK FEES  |                     |                                 |        |              |               | Αı   | moun        | t of  | Each   | Di     | sburse          | men   | t this  | Peri     | od  |
|             | Candidate Name                                       |                     |                                 | Cate   | gor          | v/            | Г    | _           | -     |        |        | -               | -     |         | 0.40     |     |
|             |  |                     |                                 |        | /pe          | <i>y.</i>     |      | -           | _     | 7      |        | 7               | -     | 1       | 0.42     |     |
|             | Office Sought: House Disbursen                       |                     |                                 |        |              |               |      |             |       |        |        |                 |       |         |          |     |
|             | Senate   President                                   | Primary Other (spec | General                         |        |              |               |      |             |       |        |        |                 |       |         |          |     |
|             | State: District:                                     | Cirici (Spec        | ''y/ <b>▼</b>                   |        |              |               |      |             |       |        |        |                 |       |         |          |     |
| _           | Full Name (Last, First, Middle Initial)              |                     |                                 |        |              | $\overline{}$ |      |             |       |        |        |                 |       |         |          |     |
| C.          | BANKERS TRUST CC FEDERAL                             |                     |                                 |        |              |               | D    | ate o       | f Dis | sburse | eme    | ent             |       |         |          |     |
|             |  |                     |                                 |        |              |               | Г    | M M         | 1     |        | D      | / [             |       | Y       | Y        |     |
|             | Mailing Address PO BOX 1991                          |                     |                                 |        |              |               | L    | 06          |       | 1      | 1      | J L             | 2     | 014     |          |     |
|             | City   | State               | Zip Code                        |        |              |               |      | _           |       |        |        |                 |       |         |          |     |
|             | DES MOINES   | IA                  | 50305                           |        |              |               |      | Trans       | sact  | ion ID | ) : (  | SB21B           | .146  | 26      |          |     |
|             | Purpose of Disbursement<br>BANK FEES                 |                     |                                 |        | -            |               |      |             |       |        |        |                 |       |         |          |     |
|             | Candidate Name                                       |                     |                                 |        | _            |               | Aı   | moun        | t of  | Each   | Di     | sburse          | men   | t this  | Peri     | od  |
|             | Candidate Name                                       |                     |                                 | Cate   | egor<br>/pe  | ry/           |      |             |       |        |        |                 |       | 1       | 5.33     |     |
|             | Office Sought: House Disburser                       |                     | 1)                              | , pe   |              |               | _    |             | 7     |        | 7      |                 |       |         | -        |     |
|             | Senate   | Primary             | General                         |        |              |               |      |             |       |        |        |                 |       |         |          |     |
|             | President  | Other (spec         | ify) ▼                          |        |              |               |      |             |       |        |        |                 |       |         |          |     |
| _           | State: District:                                     |                     |                                 |        |              |               |      |             |       |        |        |                 |       |         |          |     |
|             |  |                     |                                 |        |              |               | Г    | _           | _     | _      |        | -               |       | 2       | 9.39     | П   |
| Ls          | SUBTOTAL of Disbursements This Page (optional)       |                     |                                 |        |              | <u> </u>      | L    |             | -     | 7      |        | 7               |       |         | J.J9     |     |
| ۱,          | OTAL This Period (last page this line number only)   |                     |                                 |        |              |               |      |             |       |        |        |                 |       |         |          |     |

| S           | CHEDULE B (FEC Form 3X)                             |                      |                                   | FOR LINE    | NUMBER     | :           | PAGE       | 12 (            | OF 49     |
|-------------|---|----------------------|-----------------------------------|-------------|------------|-------------|------------|-----------------|-----------|
| IT          | EMIZED DISBURSEMENTS                                |                      | arate schedule(s) category of the | (check onli | y one)     |             |            | 7.05            |           |
|             |   |                      | Summary Page                      | X 21b       | 22<br>28a  | 23<br>28b   | 24<br>28c  | 25<br>29        | 26<br>30b |
| Δr          | ny information copied from such Reports and Statem  | ents may             | not he sold or us                 |             |            |             |            |                 |           |
|             | for commercial purposes, other than using the nam   |                      |                                   |             |            |             |            |                 |           |
| $\setminus$ | NAME OF COMMITTEE (In Full)                         |                      |                                   |             |            |             |            |                 |           |
| angle       | REPUBLICAN PARTY OF IOWA                            |                      |                                   |             |            |             |            |                 |           |
| $\angle$    | Full Name (Last, First, Middle Initial)             |                      |                                   |             | 1          |             |            |                 |           |
| Α.          | ,   |                      |                                   |             | Date o     | f Disbursei | ment       |                 |           |
|             |   |                      |                                   |             | M = M      | / D         | D / Y      | YY              | Υ         |
|             | Mailing Address PO BOX 1991                         |                      |                                   |             | 06         | 19          | )          | 2014            |           |
|             | City  | State                | Zip Code                          |             |            |             |            |                 |           |
|             | DES MOINES  | IA                   | 50305                             |             | Trans      | saction ID  | : SB21B.14 | 627             |           |
|             | Purpose of Disbursement                             |                      |                                   |             | 1          |             |            |                 |           |
|             | CREDIT CARD PAYMENT: SEE MEMO ENTRIES               |                      |                                   |             | Amoun      | t of Each   | Disburseme | nt this         | Period    |
|             | Candidate Name                                      |                      |                                   | Category/   |            |             |            | 388             | 3.09      |
|             | Office Sought: House Disbursem                      | nent For:            |                                   | Туре        | -          |             | ,          |                 |           |
|             |   | Primary              | General                           |             |            |             |            |                 |           |
|             | President   | Other (spe           | cify) 🔻                           |             |            |             |            |                 |           |
| _           | State: District:                                    |                      |                                   |             |            |             |            |                 |           |
| D           | Full Name (Last, First, Middle Initial)             |                      |                                   |             | Data a     | f Dialassus |            |                 |           |
| О.          | STEVEN BEIRFELDT                                    |                      |                                   |             |            | f Disbursei |            |                 |           |
|             | Mailing Address 309 E. 5TH ST. #304                 |                      |                                   |             | 06         | 09          |            | 2014            | Y         |
|             |   |                      |                                   |             |            |             |            |                 |           |
|             | •   | State                | Zip Code                          |             | Trans      | saction ID  | : SB21B.14 | 674             |           |
|             | DES MOINES Purpose of Disbursement                  | IA                   | 50309                             |             | -          |             |            |                 |           |
|             | REIMBURSEMENT: SEE MEMO ENTRIES                     |                      |                                   |             | Amoun      | t of Each   | Disburseme | nt this         | Period    |
|             | Candidate Name                                      |                      |                                   | Category/   |            |             |            | 1.11            | 2.00      |
|             |   |                      |                                   | Type        |            | 7           |            | 1410            | 3.00      |
|             | Office Sought: House Disbursem                      | nent For:<br>Primary | General                           |             |            |             |            |                 |           |
|             |   | Other (spe           |                                   |             |            |             |            |                 |           |
|             | State: District:                                    | \                    | 3, <b>v</b>                       |             |            |             |            |                 |           |
|             | Full Name (Last, First, Middle Initial)             |                      |                                   |             |            |             |            |                 |           |
| C.          | CHASE CARD SERVICES                                 |                      |                                   |             | Date o     | f Disbursei | ment       |                 |           |
|             | Mailing Address PO BOX 93014                        |                      |                                   |             | 06         | / D 02      |            | y y y 2<br>2014 | Y         |
|             | Mailing Address PO BOX 93014                        |                      |                                   |             | 00         | 02          | -          | 2014            |           |
|             | City  | State                | Zip Code                          |             | Trans      | saction ID  | : SB21B.14 | 628             |           |
|             | PALATINE Purpose of Disbursement                    | IL                   | 60094                             |             | -          | 2000011110  | . 35215.17 |                 |           |
|             | CREDIT CARD PAYMENT: SEE MEMO ENTRIES               |                      |                                   |             | A ma a u m | t of Foob   | Disburseme | nt thin         | Dariad    |
|             | Candidate Name                                      |                      |                                   | Category/   | Amoun      | t of Each   | Disburseme | ni inis         | Period    |
|             |   |                      |                                   | Type        | l L .      |             |            | 4765            | 5.73      |
|             | Office Sought: House Disbursem                      |                      |                                   |             |            |             |            |                 |           |
|             |   | Primary              | General                           |             |            |             |            |                 |           |
|             | State: District:                                    | Other (spe           | city) 🔻                           |             |            |             |            |                 |           |
|             | 2.0   |                      |                                   |             |            |             |            | _               |           |
| s           | SUBTOTAL of Disbursements This Page (optional)      |                      |                                   |             |            |             | 1 40       | 6563            | 3.82      |
| H           |   |                      |                                   |             | -          |             | 7          | -               | _         |
| т           | OTAL This Period (last page this line number only). |                      |                                   |             |            |             |            |                 |           |

| S           | CHEDULE B (FEC Form 3X)                                       |   | F        | OR I         | LINE N   | IUMBER     | <br>l:  |         |           | PAC      | GE ′   | 13 C   | F 49  |
|-------------|---|---|----------|--------------|----------|------------|---------|---------|-----------|----------|--------|--------|-------|
| IT          | EMIZED DISBURSEMENTS  | Use separate schedule(s                           | .\ I     | heck         | only     | one)       |         | _       | _         |          |        |        |       |
| -           |   | for each category of the<br>Detailed Summary Page |          | X            | 21b      | 22         |         | 23      |           | 24       |        | 25     | 26    |
| _           |   |   |          |              | 27       | 28a        |         | 28b     |           | 28c      |        | 29     | 30    |
|             | ny information copied from such Reports and Staten            |   |          |              |          |            |         |         |           |          |        |        |       |
| or          | for commercial purposes, other than using the name            | ne and address of any poli                        | icai cor | THITIII      | 166 (0   | SUIICIE CC | יוונרוג | วนแบทร  | s IrO     | iii Suci | ıı con | шш     |       |
| $  \rangle$ | NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF IOWA          |   |          |              |          |            |         |         |           |          |        |        |       |
| /           | REPUBLICAN PARTY OF IOWA                                      |   |          |              |          |            |         |         |           |          |        |        |       |
|             | Full Name (Last, First, Middle Initial)                       |   |          |              |          |            |         |         |           |          |        |        |       |
| A.          | CHASE CARD SERVICES   |   |          |              |          | Date of    | of Di   | sburse  | emei      | nt       |        |        |       |
|             | Matter Address Bo Boston                                      |   |          |              |          | M I N      | /       |         | D         | / Y      |        | Υ      | Υ     |
|             | Mailing Address PO BOX 93014                                  |   |          |              |          | 06         |         | 0       | )3        |          | 201    | 14     |       |
|             | City  | State Zip Code                                    |          |              |          |            |         |         |           |          |        |        |       |
|             | PALATINE  | IL 60094  |          |              |          | Tran       | sact    | ion ID  | ) : SI    | B21B.1   | 14629  | 9      |       |
|             | Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES |   |          | -            | $\neg$   |            |         | _       |           |          |        |        |       |
|             | Candidate Name  |   |          |              |          | Amour      | nt of   | Each    | Dis       | bursen   | nent t | tnis F | eriod |
|             | Candidate Name  |   |          | egory        | y/       | '          |         | _       |           |          | 1      | 9000   | 00    |
|             | Office Sought: House Disburser                                | ment For:   |          | ype          | -        |            | _       | 7       |           | 7        |        |        |       |
|             |   | Primary General                                   |          |              |          |            |         |         |           |          |        |        |       |
|             | President   | Other (specify) ▼                                 |          |              |          |            |         |         |           |          |        |        |       |
|             | State: District:  |   |          |              |          |            |         |         |           |          |        |        |       |
| P           | Full Name (Last, First, Middle Initial)                       |   |          |              |          | Dot-       | ۲ D.    | ob      | . ma -    | at.      |        |        |       |
| В.          | CHASE CARD SERVICES   |   |          |              |          | Date o     |         |         |           | ıı       |        | 1.     |       |
|             | Mailing Address PO BOX 93014                                  |   |          |              |          | M = N      | 1 /     |         | )4        | / Y      | 20     | 14     | Y     |
|             |   |   |          |              |          |            |         |         |           |          |        |        |       |
|             |   | State Zip Code                                    |          |              |          | Tran       | sact    | tion ID | <br>S : S | B21B.    | 14630  | 0      |       |
|             | PALATINE Purpose of Disbursement                              | IL 60094  |          |              |          |            |         |         |           |          |        |        |       |
|             | CREDIT CARD PAYMENT: SEE MEMO ENTRIES                         |   |          |              |          | Amour      | nt of   | Each    | Dis       | bursen   | nent t | this F | eriod |
|             | Candidate Name  |   | Cate     | egory        | v/       |            |         | -       |           | -        |        | 40:    | 50    |
|             |   |   |          | ype          | ,        |            | _       | 7       | _         | 7        |        | 424    | .53   |
|             | Office Sought: House Disburser                                |   |          |              |          |            |         |         |           |          |        |        |       |
|             | Senate<br>President   | Primary General Other (specify) ▼                 |          |              |          |            |         |         |           |          |        |        |       |
|             | State: District:  | outor (specify) ▼                                 |          |              |          |            |         |         |           |          |        |        |       |
| _           | Full Name (Last, First, Middle Initial)                       |   |          |              |          |            |         |         |           |          |        |        |       |
| C.          | CHASE CARD SERVICES   |   |          |              |          | Date o     | of Di   | sburse  | emei      | nt       |        |        |       |
|             |   |   |          |              |          | M II N     | /       |         | D         | / Y      |        | Υ      | Υ     |
|             | Mailing Address PO BOX 93014                                  |   |          |              |          | 06         |         | 0       | )5        |          | 201    | 14     |       |
|             | City  | State Zip Code                                    |          |              |          |            |         |         |           |          | :      |        |       |
|             | PALATINE  | IL 60094  |          |              |          | Tran       | sact    | tion ID | ) : S     | B21B.    | 14631  | 1      |       |
|             | Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES |   |          | -            |          |            |         |         |           |          |        |        |       |
|             | Candidate Name  |   | <u> </u> |              |          | Amour      | nt of   | Each    | Dis       | bursen   | nent t | this F | eriod |
|             | Candidate Name  |   |          | egory<br>ype | y/       |            |         |         |           |          |        | 3346.  | 18    |
|             | Office Sought: House Disburser                                | ment For:   |          | ype          | -        |            |         | 7       |           | 7        |        | -      |       |
|             | Senate  | Primary General                                   |          |              |          |            |         |         |           |          |        |        |       |
|             | President   | Other (specify) ▼                                 |          |              |          |            |         |         |           |          |        |        |       |
| _           | State: District:  |   |          |              |          |            |         |         |           |          |        |        |       |
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| Ls          | SUBTOTAL of Disbursements This Page (optional)                |   |          |              | <u> </u> |            |         | 7       |           | 7        |        |        |       |
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| S           | CHEDULE B (FEC Form 3X)   |                        |                                     |    | FOR    | LINE   | NUMB | ER:    |       |       |      | PAG     | E 14     | OF    | 49   |
|-------------|---|------------------------|-------------------------------------|----|--------|--------|------|--------|-------|-------|------|---------|----------|-------|------|
| IT          | EMIZED DISBURSEMENTS  |                        | rate schedule(s)<br>category of the |    | (chec  | k only | _    |        |       |       |      |         |          |       |      |
|             |   |                        | Summary Page                        |    | ×      | 21b    | 22   | L      | _ 2   |       |      | 24      | 25       |       | 26   |
| _           |   |                        |                                     |    |        | 27     | 28   |        |       | 8b    |      | 28c     | 29       |       | 30b  |
|             | ny information copied from such Reports and Statem for commercial purposes, other than using the name |                        |                                     |    |        |        |      |        |       |       |      |         |          |       |      |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                        |                                     |    |        |        |      |        |       |       |      |         |          |       |      |
| $ \rangle$  | REPUBLICAN PARTY OF IOWA  |                        |                                     |    |        |        |      |        |       |       |      |         |          |       |      |
| $\angle$    | Full Name (Last, First, Middle Initial)   |                        |                                     |    |        |        |      |        |       |       |      |         |          |       |      |
| Α.          | CHASE CARD SERVICES   |                        |                                     |    |        |        | Date | e of I | Disbu | ırseı | mer  | ıt      |          |       |      |
|             | OFFICE OF IND CERTIFICE   |                        |                                     |    |        |        | M    | M      | /     | D I   | D    | / Y     | YY       | Y     | 1    |
|             | Mailing Address PO BOX 93014  |                        |                                     |    |        |        | (    | )6     | 1     | 06    | 3    | L       | 2014     |       |      |
|             | Cit.  | \                      | Zin Codo                            |    |        |        |      |        |       |       |      |         |          |       |      |
|             | City S PALATINE   | State<br>IL            | Zip Code<br>60094                   |    |        |        | Tra  | ansa   | ctior | ı ID  | : SE | 321B.14 | 4632     |       |      |
|             | Purpose of Disbursement   |                        | 00034                               |    |        |        |      |        |       |       |      |         |          |       |      |
|             | CREDIT CARD PAYMENT: SEE MEMO ENTRIES   |                        |                                     |    |        | -11    | Amo  | ount ( | of Ea | ach I | Dist | oursem  | ent this | Per   | riod |
|             | Candidate Name  |                        |                                     | Ca | ategoi | y/     |      |        |       |       | 7    |         | 10       | 37.83 |      |
|             |   |                        |                                     |    | Type   |        |      | _      | - 7   | _     | -    | 7       | 10       | .00   | ,    |
|             | Office Sought: House Disbursen Senate   |                        | Camaral                             |    |        |        |      |        |       |       |      |         |          |       |      |
|             |   | Primary<br>Other (spec | General                             |    |        |        |      |        |       |       |      |         |          |       |      |
|             | State: District:  | Otrior (opoo           | y/ <b>\</b>                         |    |        |        |      |        |       |       |      |         |          |       |      |
| _           | Full Name (Last, First, Middle Initial)   |                        |                                     |    |        |        |      |        |       |       |      |         |          |       |      |
| В.          | CHASE CARD SERVICES   |                        |                                     |    |        |        | Date | e of I | Disbu | ırseı | mer  | ıt      |          |       |      |
|             |   |                        |                                     |    |        |        | M    | M      | /     | D     | D    | / Y     | YY       | - Y   | 1    |
|             | Mailing Address PO BOX 93014  |                        |                                     |    |        |        | (    | 06     |       | 09    | 9    |         | 2014     | -     |      |
|             | ,   | State                  | Zip Code                            |    |        |        | Tr   | ansa   | ctior | ı ID  | : SI | 321B.1  | 4633     |       |      |
|             | PALATINE Purpose of Disbursement  | IL                     | 60094                               |    |        |        |      |        |       |       |      |         |          |       |      |
|             | CREDIT CARD PAYMENT: SEE MEMO ENTRIES   |                        |                                     |    |        |        | Amo  | ount ( | of Ea | ach   | Disk | oursemo | ent this | Per   | riod |
|             | Candidate Name  |                        |                                     | Ca | ategoi | 2//    |      |        | -     | -     | -    |         | _        | -     |      |
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|             | Office Sought: House Disbursen  |                        |                                     |    |        |        |      |        |       |       |      |         |          |       |      |
|             |   | Primary                | General                             |    |        |        |      |        |       |       |      |         |          |       |      |
|             | President State: District:  | Other (spec            | iry) 🔻                              |    |        |        |      |        |       |       |      |         |          |       |      |
| _           | Full Name (Last, First, Middle Initial)   |                        |                                     |    |        |        |      |        |       |       |      |         |          |       |      |
| C.          | CHASE CARD SERVICES   |                        |                                     |    |        |        | Date | e of I | Disbu | ırseı | mer  | ıt      |          |       |      |
|             |   |                        |                                     |    |        |        | M    | M      | /     | D     | D    | / Y     | YY       | Y     | 1    |
|             | Mailing Address PO BOX 93014  |                        |                                     |    |        |        | (    | )6     | ı.    | 13    | 3    | L       | 2014     |       |      |
|             | Cit.  | State                  | Zin Codo                            |    |        |        |      |        |       |       |      |         |          |       |      |
|             | City S PALATINE   | IL                     | Zip Code<br>60094                   |    |        |        | Tr   | ansa   | ctior | ı ID  | : SE | 321B.1  | 4634     |       |      |
|             | Purpose of Disbursement   |                        |                                     | =  |        | _      |      |        |       |       |      |         |          |       |      |
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|             | Candidate Name  |                        |                                     |    | ategoi | y/     |      |        |       |       | 7    |         | 42       | 29.95 | 5    |
|             | Office Sought: House Disbursen  | ent For                |                                     |    | Type   |        |      | _      | - 7   | -     | -    | 7       |          |       |      |
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| Г           |   |                        |                                     |    |        |        |      |        |       | -     |      | -       |          |       |      |
| 5           | SUBTOTAL of Disbursements This Page (optional)  |                        |                                     |    |        | •      |      | _      | 7     | _     | _    | 7       | 68       | 4.56  |      |
| Γ.          | OTAL This Davied /lest research Programme 1   |                        |                                     |    |        |        |      |        |       |       |      |         |          |       |      |
| Ι'          | <b>'OTAL</b> This Period (last page this line number only)  |                        |                                     |    |        |        |      |        | - 7   | _     |      | 7       |          | -     |      |

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|---|-------------|---|--------------|---------------|--------|--------|---------------|----------|------|-------|-------|------|------------|----------|-------|------|
| Detailed Summary Page    27   28a   28b   28c   29   30b  | IT          | EMIZED DISBURSEMENTS                                |              |               | )      | •      | ,             |          |      |       |       | ,    |            |          |       |      |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Pull)  REPUBLICAN PARTY OF IOWA  Full Name (Last, First, Middle Initial)  A. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code PALATINE IL 60094  PPURPOSE of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Disbursement For:  Primary General Other (specify) ▼  Date of Disbursement  Category/ Type  Transaction ID: \$8218.14635  Amount of Each Disbursement  Category/ Type  Transaction ID: \$8218.14636  Amount of Each Disbursement  OREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Transaction ID: \$8218.14636  Amount of Each Disbursement  OREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Transaction ID: \$8218.14636  Amount of Each Disbursement Intis Period  Category/ Type  Date of Disbursement  Other (specify) ▼  Transaction ID: \$8218.14637  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: \$8218.14637  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: \$8218.14637  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: \$8218.14637  Amount of Each Disbursement  Other (specify) ▼  State:  Disbursement Tipe  State:  Disbursement Tipe  Transaction ID: \$8218.14637  Amount of Each Disbursement Tipe  Transaction ID: \$8218.14637  Amount of Each Disbursement Tipe  Transaction ID: \$8218.14637  Transaction ID: \$8218.14637  Amount of Each Disbursement Tipe  Transaction ID: \$8218.14637  Tran |             |   |              |               |        | ×      |               |          | L    |       |       |      | ]          |          |       |      |
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Path) REPUBLICAN PARTY OF IOWA  Full Name (Last, First, Middle Initial)  A. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code RPALATINE IL 80094  Pripose of Disbursement Other (specify) ▼  Initial Pripose of Disbursement For:  State: Disfrict  Full Name (Last, First, Middle Initial)  B. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code RPALATINE IL 80094  Puppose of Disbursement For:  CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  City State Zip Code RPALATINE IL 80094  Puppose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Office Sought: House Season Services  State: Disfrict  Full Name (Last, First, Middle Initial)  CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Office Sought: House Season Services  Mailing Address PO BOX 93014  City State Zip Code Reference Card Services  Mailing Address PO BOX 93014  Transaction ID: SB218.14636  Amount of Each Disbursement Other (specify) ▼  2115.23  Date of Disbursement  Other (specify) ▼  Transaction ID: SB218.14637  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: SB218.14637  Amount of Each Disbursement  Office Sought: House Services  Mailing Address PO BOX 93014  City State Zip Code RPALATINE IL 60094  Puppose of Disbursement  Office Sought: House Services  Mailing Address PO BOX 93014  City State Zip Code RPALATINE IL 60094  Puppose of Disbursement  Office Sought: House Services  Mailing Address PO BOX 93014  City State Zip Code RPALATINE IL 60094  Puppose of Disbursement Services  Mailing Address PO BOX 93014  Transaction ID: SB218.14637  Amount of Each Disbursement Services  Puppose of Disbursement Services  Office Sought: House Services  Mailing Address PO BOX 93014  Transaction ID: SB218.14637  Am                     | _           |   |              |               |        |        |               |          |      |       |       |      |            |          |       |      |
| Full Name (Last, First, Middle Initial) A. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zp Code   L 60094  PALATINE   House   Disbursement                     |             |   |              |               |        |        |               |          |      |       |       |      |            |          |       |      |
| A. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094 PALATINE IL 60094 PALATINE Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name Condition Sught: Personal IL 60094 Piersonal IL 60094 Piersonal III 60094 Pie                     | $\setminus$ | , ,   |              |               |        |        |               |          |      |       |       |      |            |          |       |      |
| A. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  PALATINE Purpose of Disbursement CREDIT CARD PAYMENT. SEE MEMO ENTRIES  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Purpose of Disbursement IL 60094  PALATINE Transaction ID : SB21B.14635  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement  Category Date of Disbursement Date of Disbursement In Seriod Category Date of Disbursement Date of                     | $  \rangle$ | REPUBLICAN PARTY OF IOWA                            |              |               |        |        |               |          |      |       |       |      |            |          |       |      |
| A. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  PALATINE Purpose of Disbursement CREDIT CARD PAYMENT. SEE MEMO ENTRIES  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Purpose of Disbursement IL 60094  PALATINE Transaction ID : SB21B.14635  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement  Category Date of Disbursement Date of Disbursement In Seriod Category Date of Disbursement Date of                     | <u></u>     | Full Name (Last, First, Middle Initial)             |              |               |        |        |               |          |      |       |       |      |            |          |       |      |
| Mailing Address PO BOX 93014  City State Zip Code IL G0094  PALATINE IL G0094  Primary General Primary General Office Sought: Disbursement For: Senate President OREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Date of Disbursement this Period  Transaction ID : SB21B.14635  Amount of Each Disbursement this Period  Date of Disbursement To Primary General Power of Type  Date of Disbursement To Primary General Primary Gener                     | A.          | ,   |              |               |        |        |               | Dat      | e of | Disk  | ourse | mer  | nt         |          |       |      |
| City PALATINE IL 60094 PUIDOSE Of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  City Prisident Senate President CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Callegory/ Type  Disbursement For:  Full Name (Last, First, Middle Initial)  CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Disbursement For:  Senate Prisident Senate Primary General CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Callegory/ Transaction ID : SB21B.14635  Amount of Each Disbursement  Transaction ID : SB21B.14635  Amount of Each Disbursement Ib Primary Category/ Type  Disbursement Tor:  Senate Primary General Primary General Other (specify) ▼  Date of Disbursement this Period  Transaction ID : SB21B.14636  Amount of Each Disbursement this Period  Transaction ID : SB21B.14637  Transaction ID : SB21B.14637  Amount of Each Disbursement Tor:  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Category/ Transaction ID : SB21B.14635  Transaction ID : SB21B.14635  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Category/ Type  Category/ Transaction ID : SB21B.14637  Amount of Each Disbursement this Period  Candidate Name  Category/ Type  Category/ Type  Category/ Transaction ID : SB21B.14637  Category/ Transaction ID : SB21B.14637  Amount of Each Disbursement this Period  Candidate Name  Category/ Type                      |             |   |              |               |        |        |               | M        | - M  | /     | D     | D    | / Y        | YY       | Y     | 1    |
| PALATINE  |             | Mailing Address PO BOX 93014                        |              |               |        |        |               | (        | 06   |       | 10    | 6    |            | 2014     |       |      |
| PALATINE  |             | City  | State        | Zin Code      |        |        |               |          |      |       |       |      |            |          |       |      |
| CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/  Type  Disbursement For:    Primary  |             |   |              | •             |        |        |               | Tr       | ansa | ctio  | n ID  | : SI | 321B.1     | 4635     |       |      |
| Cardidate Name  Category/ Type  Office Sought: House President For: Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code PALATINE Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  Ct. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State: Disbursement For: Senate President State: Disbursement For: Chase CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code Category/ Type  Date of Disbursement this Period  Category/ Type  Transaction ID : SB21B.14636  Amount of Each Disbursement  General Category/ Type  Transaction ID : SB21B.14637  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB21B.14637  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB21B.14637  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB21B.14637  Amount of Each Disbursement this Period  Category/ Type  State: District: Senate Primary General Primary                      |             | •   |              |               |        | -      | $\overline{}$ |          |      |       |       |      |            |          |       |      |
| Office Sought: House Disbursement For:  Senate President State: District:  Full Name (Last, First, Middle Initial)  B. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name Disbursement For: Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  Transaction ID : SB21B.14636  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement this Period  Transaction ID : SB21B.14636  Amount of Each Disbursement this Period Disbursement this Period Category/ Type  Complete Sought: House Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name Category/ Type  Transaction ID : SB21B.14637  Amount of Each Disbursement Category/ Type  Transaction ID : SB21B.14637  Amount of Each Disbursement this Period Category/ Type  Transaction ID : SB21B.14637  Amount of Each Disbursement this Period Senate Primary General Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)  |             |   |              |               |        |        |               | Am       | ount | of E  | ach   | Disl | oursem     | ent this | Per   | riod |
| Office Sought:  |             | Candidate Name                                      |              |               |        |        | ry/           |          |      |       |       |      |            | 147      | 71.00 |      |
| Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  PALATINE Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name Disbursement Primary General President State: District:  Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  President Other (specify) ▼  Date of Disbursement this Period  Transaction ID: SB21B.14636  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Category/ Type  Transaction ID: SB21B.14637  Amount of Each Disbursement  City State Zip Code IL 60094  PALATINE Purpose of Disbursement  CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate President Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional)  |             | Office Sought: House Dishursen                      | nent For:    |               |        | Type   |               |          | _    |       |       |      | 7          |          |       |      |
| Full Name (Last, First, Middle Initial)  B. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  Purpose of Disbursement State: Disbursement Other (specify) ▼  State: Disbursement IL 60094  President Primary General President CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Chadidate Name  City State Zip Code IT State Primary General President IL 60094  Date of Disbursement this Period Category/ Type  Date of Disbursement Category/ Ty                     |             |   |              | General       |        |        |               |          |      |       |       |      |            |          |       |      |
| B. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City  |             |   | ,            | ify) ▼        |        |        |               |          |      |       |       |      |            |          |       |      |
| B. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Office Sought: House President Primary General Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  PALATINE IL 60094  PALATINE IL 60094  PALATINE IL 60094  Palatine Transaction ID: SB21B.14637  Amount of Each Disbursement This Period Category/ Type  Transaction ID: SB21B.14637  Amount of Each Disbursement This Period Category/ Type  Transaction ID: SB21B.14637  Amount of Each Disbursement This Period Category/ Type  Senate Primary General Other (specify) ▼  Substored Primary General Other (specify) ▼  | _           | State: District:                                    |              |               |        |        |               |          |      |       |       |      |            |          |       |      |
| City State Zip Code (60094   16   2014   20                     | _           |   |              |               |        |        |               |          |      |       |       |      |            |          |       |      |
| Mailing Address PO BOX 93014  City State Zip Code IL 60094  PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Office Sought: President President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Date of Disbursement  CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  District:  Senate Primary General Other (specify) ▼  State: District:  Substate: District:  Substate: Disbursements This Page (optional)  | В.          | CHASE CARD SERVICES                                 |              |               |        |        |               | Dat      | e of | Disk  | ourse | mer  |            |          |       |      |
| City  |             | Mailing Address DO DOV 02014                        |              |               |        |        |               |          |      | /     |       |      | / Y        |          | Y     | 1    |
| PALATINE   IL 60094   Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES   Category/ Type    Office Sought:  |             | Walling Addicess FO BOX 93014                       |              |               |        |        |               |          | 30   |       | - 1   | 0    |            | 2014     |       |      |
| PALATINE  City PALATINE PALATINE PAUROSE of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Disbursement For: Senate Primary Other (specify)  CATEGORY/ Type  Disbursement For: Senate Primary Other (specify)  CATEGORY/ Type  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID: SB21B.14637  Amount of Each Disbursement this Period  Transaction ID: SB21B.14637  Amount of Each Disbursement  Category/ Type  Transaction ID: SB21B.14637  Amount of Each Disbursement  Category/ Type  Transaction ID: SB21B.14637  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary Other (specify)  Type  State:  District:  SUBTOTAL of Disbursements This Page (optional)  |             | City  |              | Zip Code      |        |        |               | Tr       | ansa | actic | n ID  | · SI | B21B.1     | 4636     |       |      |
| CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Transaction ID: SB21B.14637  Amount of Each Disbursement this Period  Transaction ID: SB21B.14637  Amount of Each Disbursement Category/ Type  Senate Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)  |             |   | IL           | 60094         |        |        |               | •••      | uc   |       |       |      | J_ 1, J.1. | .000     |       |      |
| Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  Substate: District:  Substate: District: Primary General Other (specify) ▼   |             |   |              |               | Г      |        |               | Ame      | ount | of E  | ach   | Dist | oursem     | ent this | Per   | riod |
| Office Sought: House Senate Primary General Other (specify) Fresident State: District:  Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code PALATINE IL 60094  PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Frimary General Primary General State: District:  |             | Candidate Name                                      |              |               | C      | ategor | 2//           |          |      |       |       | - 12 |            | _        | -     |      |
| Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify)  State: District:  Subtotal of Disbursements This Page (optional)   |             |   |              |               |        |        | y,            |          |      |       |       |      | 7          | 21       | 15.23 | 3    |
| State: District:  Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Candidate Name  Disbursement For: Senate Primary General Other (specify)  State: District:  Substortal of Disbursements This Page (optional)   |             | Office Sought: House Disbursem                      | nent For:    |               |        |        |               |          |      |       |       |      |            |          |       |      |
| State: District:  Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify)  State: District:  Substored For: Senate Primary General Other (specify)  State: District:  Substored For: Senate Primary General Other (specify)  State: District:   |             |   | •            |               |        |        |               |          |      |       |       |      |            |          |       |      |
| Full Name (Last, First, Middle Initial)  C. CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  PALATINE Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name Category/ Type  Office Sought: House Primary General Primary General Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)  |             |   | Other (speci | iiy) <b>▼</b> |        |        |               |          |      |       |       |      |            |          |       |      |
| C: CHASE CARD SERVICES  Mailing Address PO BOX 93014  City State Zip Code IL 60094  PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)  | _           |   |              |               |        |        |               |          |      |       |       |      |            |          |       |      |
| Mailing Address PO BOX 93014  City State Zip Code PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name Category/ Type  Office Sought: House Primary General Other (specify) ▼  Subtotal of Disbursements This Page (optional)   | C.          |   |              |               |        |        |               | Dat      | e of | Disk  | ourse | mer  | nt         |          |       |      |
| City State Zip Code PALATINE IL 60094  Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substitute Transaction ID : SB21B.14637  Transaction ID : SB21B.14637  Amount of Each Disbursement this Period General Other (specify)   8766.00   |             |   |              |               |        |        |               | M        | M    | /     | D     | D    | / Y        | YY       | Y     | 1    |
| PALATINE Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Senate Primary General Other (specify)  State:  District:  Substrict:                     |             | Mailing Address PO BOX 93014                        |              |               |        |        |               | (        | 06   |       | 17    | 7    |            | 2014     | _     |      |
| PALATINE Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Senate Primary General Other (specify)  State:  District:  Substrict:                     |             | City  | State        | Zin Code      |        |        |               |          |      |       |       |      |            |          |       |      |
| Candidate Name  Candidate Name  Category/ Type  Senate Primary Other (specify)  State:  District:  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  State:  Amount of Each Disbursement this Period  Category/ Type  State:  Senate Primary Other (specify)  State:  Substitute:  Substit                    |             |   |              |               |        |        |               | Tr       | ansa | actic | n ID  | : SI | 321B.1     | 4637     |       |      |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)  |             |   |              |               |        | -      | $\neg$        |          |      |       |       |      |            |          |       |      |
| Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)   |             |   |              |               |        |        |               | Am       | ount | of E  | ach   | Dist | oursem     | ent this | Per   | riod |
| Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District:  SUBTOTAL of Disbursements This Page (optional)  |             | Candidate Name                                      |              |               |        |        | γ/            |          |      |       |       |      |            | 516      | 6.00  | )    |
| Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)  |             | Office Sought: House Disbursen                      | nent For:    |               |        | туре   |               |          | _    |       |       |      | 7          |          |       | -    |
| State: District:  SUBTOTAL of Disbursements This Page (optional)  |             |   | Primary      | General       |        |        |               |          |      |       |       |      |            |          |       |      |
| SUBTOTAL of Disbursements This Page (optional)  |             | President   | Other (speci | ify) ▼        |        |        |               |          |      |       |       |      |            |          |       |      |
| SOBTOTAL OF DISDUISEMENTS THIS Page (Optional)  | _           | State: District:                                    |              |               |        |        |               |          |      |       |       |      |            |          |       |      |
| SOBTOTAL OF DISDUISEMENTS THIS Page (Optional)  | _ ا         |   |              |               |        |        |               |          |      |       |       |      |            | 275      | 2 23  |      |
| TOTAL This Period (last page this line number only)   | L           | UBIUIAL of Disbursements This Page (optional)       |              |               |        |        | _             | <u> </u> |      |       | _     |      | 7          | 373      |       | _    |
|   | 1           | 'OTAL This Period (last page this line number only) |              |               |        |        | •             |          |      |       |       |      |            |          |       |      |

| S           | CHEDULE B (FEC Form 3X)                              | Hannan I I I I I I                               | FOR LIN                                 | E NUMBER:         | PAGE 16 OF 49            |
|-------------|--|--|---|-------------------|--------------------------|
| IT          | EMIZED DISBURSEMENTS                                 | Use separate schedule(s for each category of the | ) (check or                             | nly one)          |                          |
|             |  | Detailed Summary Page                            | X 211                                   | 22 23<br>28a 28b  | 24 25 26<br>28c 29 30b   |
| Λ.          | ny information copied from such Reports and Statem   | nents may not be sold or u                       |   |                   |                          |
|             | for commercial purposes, other than using the nam    |  |   |                   |                          |
|             | NAME OF COMMITTEE (In Full)                          |  |   |                   |                          |
| $  \rangle$ | REPUBLICAN PARTY OF IOWA                             |  |   |                   |                          |
| $\angle$    | Full Name (Last, First, Middle Initial)              |  |   |                   |                          |
| Α.          |  | NG   |   | Date of Disburse  | ment                     |
|             |  |  |   | M M / D           | D / Y Y Y Y Y            |
|             | Mailing Address PO BOX 65065                         |  |   | 05 29             | 2014                     |
|             | City   | State Zip Code                                   |   |                   |                          |
|             | WEST DES MOINES                                      | IA 50265-0065                                    |   | Transaction ID    | : SB21B.14682            |
|             | Purpose of Disbursement                              | IEC  |   |                   |                          |
|             | BANKERS TRUST CC PAYMENT: OFFICE SUPPL               | LIEO   |   | Amount of Each    | Disbursement this Period |
|             | Candidate Name                                       |  | Category/<br>Type                       |                   | 10.55                    |
|             | Office Sought: House Disbursem                       | nent For:  | туре                                    | [MEMO ITEM]       | 7                        |
|             |  | Primary General                                  |   |                   |                          |
|             |  | Other (specify) ▼                                |   |                   |                          |
| _           | State: District:                                     |  |   |                   |                          |
| В           | Full Name (Last, First, Middle Initial)  CYBERSOURCE |  |   | Date of Disburse  | ment                     |
|             | OTBLINGOUNGE   |  |   | M M / D           |                          |
|             | Mailing Address PO BOX 8999                          |  |   | 06 03             |                          |
|             | Otto   | O  |   |                   |                          |
|             | ,  | State Zip Code<br>CA 94128                       |   | Transaction ID    | : SB21B.14639            |
|             | Purpose of Disbursement                              | 0.1720   |   | _                 |                          |
|             | MERCHANT FEES  |  |   | Amount of Each    | Disbursement this Period |
|             | Candidate Name                                       |  | Category/                               |                   | 72.27                    |
|             | Office Sought: House Disbursen                       | ment For:  | Type                                    |                   |                          |
|             |  | Primary General                                  |   |                   |                          |
|             |  | Other (specify) ▼                                |   |                   |                          |
| _           | State: District:                                     |  |   |                   |                          |
| _           | Full Name (Last, First, Middle Initial)              |  |   | Date of Disburser | ment                     |
| U.          | CYBERSOURCE  |  |   | Date of Disbursei |                          |
|             | Mailing Address PO BOX 8999                          |  |   | 06 04             |                          |
|             |  |  |   |                   |                          |
|             | ,  | State Zip Code<br>CA 94128                       |   | Transaction ID    | : SB21B.14646            |
|             | Purpose of Disbursement                              | 34120  |   | _                 |                          |
|             | MÉRCHANT FEES  |  |   | Amount of Each    | Disbursement this Period |
|             | Candidate Name                                       |  | Category/                               |                   | 0.73                     |
|             | Office Sought: House Disbursen                       | ment For:  | Туре                                    |                   | 0.70                     |
|             |  | Primary General                                  |   |                   |                          |
|             |  | Other (specify) ▼                                |   |                   |                          |
| _           | State: District:                                     | ·<br>  |   |                   |                          |
| Γ           | <u> </u>   |  |   |                   |                          |
| [ 5         | SUBTOTAL of Disbursements This Page (optional)       |  | ······································  |                   | 73.00                    |
| Γ,          | OTAL This Period (last page this line number only)   |  |   |                   |                          |
| Ι'          | TITLE THIS FEHOU (last page this line number only).  |  | ••••••••••••••••••••••••••••••••••••••• |                   |                          |

| SC       | CHEDULE B (FEC Form 3X)                              |             |                   | T -    | 00   | INIT *           | \    | IDEE  |      |        |              | П                       | AGE           | 17     | OF       | 49   |
|----------|--|-------------|-------------------|--------|------|------------------|------|-------|------|--------|--------------|-------------------------|---------------|--------|----------|------|
|          | EMIZED DISBURSEMENTS                                 |             | arate schedule(s) |        | _    | LINE N<br>k only | _    |       |      |        |              |                         | , .GL         | .,     | <u> </u> | 70   |
| 11       | LIVIIZED DISDUNSEIVIEN IS                            |             | category of the   | '      |      | 21b              |      | 22    |      | 23     | Г            | 24                      |               | 25     |          | 7 26 |
|          |  | Detailed    | Summary Page      |        |      | 27               | H    | 28a   |      | 28b    |              | 280                     |               | 29     |          | 30b  |
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|          | for commercial purposes, other than using the nan    |             |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          | NAME OF COMMITTEE (In Full)                          |             |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
| angle    | REPUBLICAN PARTY OF IOWA                             |             |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
| $\angle$ | Full Name /Look First Middle Letters                 |             |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
| Δ        | Full Name (Last, First, Middle Initial)  CYBERSOURCE |             |                   |        |      |                  | Ь    | ate o | f Di | sburse | am/          | ≥n†                     |               |        |          |      |
| Α.       | CIDEROUNCE   |             |                   |        |      |                  |      | M = M |      |        | D            | ) II                    | V = `         | / I Y  |          |      |
|          | Mailing Address PO BOX 8999                          |             |                   |        |      |                  |      | 06    | 1    |        | 9            |                         |               | 014    | - 1      |      |
|          |  |             |                   |        |      |                  |      |       |      |        |              | - 1                     |               |        |          |      |
|          | ,  | State       | Zip Code          |        |      |                  |      | Trans | sact | ion ID | : 5          | SB21I                   | 3.146         | 41     |          |      |
|          | SAN FRANCISCO Purpose of Disbursement                | CA          | 94128             |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          | MERCHANT FEES  |             |                   |        |      | $\neg$           | Aı   | moun  | t of | Each   | Di           | sburs                   | emen          | t this | Peri     | iod  |
|          | Candidate Name                                       |             |                   | Cat    | egor | 2//              |      |       |      |        |              |                         |               | -      |          | т.   |
|          |  |             |                   |        | ype  | у′               | L    |       |      | ,      |              | ,                       |               |        | 0.22     |      |
|          | Office Sought: House Disburser                       | ment For:   |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          |  | Primary     | General           |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          | State: District:                                     | Other (spec | cify) 🔻           |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
| _        |  |             |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
| В.       | Full Name (Last, First, Middle Initial)  CYBERSOURCE |             |                   |        |      |                  | D    | ate o | f Di | sburse | eme          | ent                     |               |        |          |      |
|          | O I DENOUNCE   |             |                   |        |      |                  |      | M = M | _    |        | D            | <br><b>1</b> / <b>F</b> | γ             | / I Y  | V        |      |
|          | Mailing Address PO BOX 8999                          |             |                   |        |      | $\neg$           |      | 06    |      |        | 9            | ]                       |               | 2014   |          |      |
|          |  |             |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          | ,  | State       | Zip Code          |        |      |                  |      | Trans | sact | ion ID | ) : <b>9</b> | SB21                    | B.146         | 44     |          |      |
|          | SAN FRANCISCO Purpose of Disbursement                | CA          | 94128             |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          | MERCHANT FEES  |             |                   |        |      |                  | Aı   | moun  | t of | Each   | Di           | sburs                   | emen          | t this | Peri     | iod  |
|          | Candidate Name                                       |             |                   | Cat    | egor | v/               |      | -     | -    | -      |              | -                       | -             | -      | 0.5      |      |
|          |  |             |                   |        | ype  |                  | L    | _     |      | 7      |              | ,                       |               |        | 0.36     | j    |
|          | Office Sought: House Disburser                       |             |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          | Senate   | Primary     | General           |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          | President State: District:                           | Other (spec | ciry) 🔻           |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
| _        | Full Name (Last, First, Middle Initial)              |             |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
| C.       | CYBERSOURCE  |             |                   |        |      |                  | D    | ate o | f Di | sburse | eme          | ent                     |               |        |          |      |
|          |  |             |                   |        |      |                  |      | M = M |      |        | D            | 7 /                     | Υ             | / ¥ Y  | Y        |      |
|          | Mailing Address PO BOX 8999                          |             |                   |        |      |                  |      | 06    |      |        | 1            |                         |               | 014    |          |      |
|          | 011  | <u> </u>    | 7: 6 :            |        |      |                  | _    |       |      |        |              |                         |               |        |          |      |
|          | City SAN FRANCISCO                                   | State<br>CA | Zip Code<br>94128 |        |      |                  |      | Trans | sact | ion ID | : 9          | SB21                    | B.146         | 45     |          |      |
|          | Purpose of Disbursement                              | <u> </u>    | 34120             |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          | MÉRCHANT FEES  |             |                   | 1      |      |                  | Aı   | moun  | t of | Each   | Di           | sburs                   | emen          | t this | Peri     | iod  |
|          | Candidate Name                                       |             |                   | Cat    | egor | y/               |      |       | -    |        |              |                         |               | -      |          |      |
|          |  |             |                   |        | ype  |                  |      |       |      | ,      |              | . ,                     |               |        | 0.55     |      |
|          | Office Sought: House Disburser                       |             |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          | Senate President                                     | Primary     | General           |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
|          | State: District:                                     | Other (spec | Jily) ▼           |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
| г        | State. District.                                     |             |                   |        |      |                  |      |       |      |        |              |                         |               |        |          |      |
| 。        | UBTOTAL of Disbursements This Page (optional)        |             |                   |        |      |                  |      |       |      |        |              |                         |               |        | 1.13     |      |
| dash     | 22.0 or biobardomento into i age (optional)          |             |                   |        |      |                  | H    | -     | ÷    | 7      |              | - 7                     | $\Rightarrow$ | +      |          | =    |
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| S          | CHEDULE B (FEC Form 3X)  | l                    |                                     | FOR LINE          | NUMBER | :          | PAGI         | <u> </u> | OF 49  |
|------------|--|----------------------|-------------------------------------|-------------------|--------|------------|--------------|----------|--------|
| IT         | EMIZED DISBURSEMENTS   |                      | arate schedule(s) category of the   | (check only       | one)   |            |              |          |        |
|            |  |                      | Summary Page                        | X 21b 27          | 22     | 23<br>28b  | 24<br>28c    | 25<br>29 | 26     |
| ·          |  | <u> </u>             |                                     |                   | 28a    |            |              |          | 30b    |
|            | ny information copied from such Reports and Statem<br>for commercial purposes, other than using the name |                      |                                     |                   |        |            |              |          |        |
| Ĺ          | NAME OF COMMITTEE (In Full)  |                      | , , , , , , , , , , , , , , , , , , |                   |        |            | ,,,,,,       |          |        |
| $ \rangle$ | REPUBLICAN PARTY OF IOWA   |                      |                                     |                   |        |            |              |          |        |
| $\angle$   |  |                      |                                     |                   |        |            |              |          |        |
| ^          | Full Name (Last, First, Middle Initial)  |                      |                                     |                   | Dete   | ( D:-/     |              |          |        |
| A.         | CYBERSOURCE  |                      |                                     |                   |        | f Disburse |              |          |        |
|            | Mailing Address PO BOX 8999  |                      |                                     |                   | 06     | / D        | 6            | 2014     | Y      |
|            |  |                      |                                     |                   |        |            |              |          |        |
|            |  | State                | Zip Code                            |                   | Trans  | saction ID | : SB21B.14   | 1649     |        |
|            | SAN FRANCISCO Purpose of Disbursement  | CA                   | 94128                               |                   |        |            | . 052.5      |          |        |
|            | MERCHANT FEES  |                      |                                     |                   | Amoun  | t of Fach  | Disburseme   | ent this | Period |
|            | Candidate Name   |                      |                                     | Category/         |        |            |              |          |        |
|            |  |                      |                                     | Type              |        |            |              | ;        | 3.64   |
|            | Office Sought: House Disbursen   | nent For:            |                                     |                   |        |            |              |          |        |
|            |  | Primary              | General                             |                   |        |            |              |          |        |
|            | President State: District:   | Other (spe           | city) 🔻                             |                   |        |            |              |          |        |
| _          | Full Name (Last, First, Middle Initial)  |                      |                                     |                   |        |            |              |          |        |
| В.         | CYBERSOURCE  |                      |                                     |                   | Date o | f Disburse | ement        |          |        |
|            | OTBEROOOROE  |                      |                                     |                   | M = M  | / D        | D / Y        | YY       | Υ      |
|            | Mailing Address PO BOX 8999  |                      |                                     |                   | 06     | 1          | 17           | 2014     |        |
|            |  |                      |                                     |                   |        |            |              |          |        |
|            | ,  | State<br>CA          | Zip Code<br>94128                   |                   | Trans  | saction ID | ) : SB21B.14 | 1640     |        |
|            | Purpose of Disbursement  |                      | 34120                               |                   |        |            |              |          |        |
|            | MERCHANT FEES  |                      |                                     |                   | Amoun  | t of Each  | Disburseme   | ent this | Period |
|            | Candidate Name   |                      |                                     | Category/         |        |            |              |          | 0.33   |
|            | 000  |                      |                                     | Туре              |        | 7          | 7 -          |          | 0.33   |
|            | Office Sought: House Disbursen Senate  | nent For:<br>Primary | General                             |                   |        |            |              |          |        |
|            |  | Other (spe           |                                     |                   |        |            |              |          |        |
|            | State: District:   | Cc. (opo             | o <i>y</i> ,                        |                   |        |            |              |          |        |
| _          | Full Name (Last, First, Middle Initial)  |                      |                                     |                   |        |            |              |          |        |
| C.         | CYBERSOURCE  |                      |                                     |                   | Date o | f Disburse | ement        |          |        |
|            | -  |                      |                                     |                   | M = M  | / D        |              | Y        | Υ      |
|            | Mailing Address PO BOX 8999  |                      |                                     |                   | 06     | 1          | 8            | 2014     |        |
|            | City   | State                | Zip Code                            |                   | _      |            |              |          |        |
|            |  | CA                   | 94128                               |                   | Trans  | saction ID | ) : SB21B.14 | 1650     |        |
|            | Purpose of Disbursement MERCHANT FEES  |                      |                                     |                   |        |            |              |          |        |
|            | Candidate Name   |                      |                                     |                   | Amoun  | t of Each  | Disburseme   | ent this | Period |
|            | Candidate Name   |                      |                                     | Category/<br>Type |        |            |              | 9        | 9.46   |
|            | Office Sought: House Disbursen   | nent For:            |                                     | Type              |        | 7          |              |          |        |
|            |  | Primary              | General                             |                   |        |            |              |          |        |
|            | President  | Other (spe           | cify) 🔻                             |                   |        |            |              |          |        |
|            | State: District:   |                      |                                     |                   |        |            |              |          |        |
|            | <del></del>  |                      |                                     |                   |        |            |              |          | 2.42   |
| S          | SUBTOTAL of Disbursements This Page (optional)   |                      |                                     | ·····•            |        |            |              | T        | 3.43   |
| ļ ,        | OTAL This Period (last page this line number only)   |                      |                                     |                   |        |            |              |          |        |
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| SCHE     | DULE B (FEC Form 3X)                           |             |                              | T -     | <u> </u>    |                  |         |        |         |         | T <sub>F</sub> | AGE      | 19     | OF    | 49  |
|----------|--|-------------|------------------------------|---------|-------------|------------------|---------|--------|---------|---------|----------------|----------|--------|-------|-----|
|          | ZED DISBURSEMENTS                              |             | arate schedule(s)            |         | _           | LINE N<br>k only | -       | :K:    |         |         | L              | AGE      | 13     | OF.   | 73  |
| ıı ⊑IVII | LLD DISDURSEMENTS                              |             | category of the Summary Page | , ,     |             | 21b              | 22      |        | 23      | Γ       | 24             |          | 25     | Г     | 26  |
|          |  | Detailed    | ouninary Page                |         |             | 27               | 28      | a      | 28b     | _       | 28             | c        | 29     |       | 30b |
|          | ormation copied from such Reports and State    |             |                              |         |             |                  |         |        |         |         |                |          |        |       | s   |
|          | ommercial purposes, other than using the na    | me and addr | ess of any politi            | cal cor | nmitt       | tee to           | solicit | contri | bution  | s f     | rom s          | uch c    | ommi   | ttee. |     |
| I \      | E OF COMMITTEE (In Full)                       |             |                              |         |             |                  |         |        |         |         |                |          |        |       |     |
| $ $ RE   | PUBLICAN PARTY OF IOWA                         |             |                              |         |             |                  |         |        |         |         |                |          |        |       |     |
| VFull    | Name (Last, First, Middle Initial)             |             |                              |         |             |                  |         |        |         |         |                |          |        |       |     |
|          | BERSOURCE                                      |             |                              |         |             |                  | Date    | of D   | isburs  | em      | ent            |          |        |       |     |
|          |  |             |                              |         |             |                  | M       | М      | / D     | D       | /              | Υ        | Y      | Y     |     |
| Maili    | ng Address PO BOX 8999                         |             |                              |         |             |                  | 0       | 6      |         | 19      |                | _ 2      | 014    |       |     |
| City     |  | State       | Zip Code                     |         |             | +                |         |        |         |         |                |          |        |       |     |
| ,        | FRANCISCO                                      | CA          | 94128                        |         |             |                  | Tra     | ınsac  | tion II | ):      | SB21           | B.146    | 47     |       |     |
| Purp     | ose of Disbursement                            |             |                              |         | -           |                  |         |        |         |         |                |          |        |       |     |
|          | RCHANT FEES                                    |             |                              |         |             |                  | Amo     | unt o  | f Each  | ı D     | isburs         | emen     | t this | Peri  | od  |
| Cano     | didate Name                                    |             |                              |         | egor        | y/               |         |        |         |         |                |          |        | 1.10  |     |
| Office   | e Sought: House Disburse                       | ment For:   |                              | 1       | ype         |                  |         | _      | 7       | -       | 7              | _        |        |       | _   |
| Onio     | Senate   | Primary     | General                      |         |             |                  |         |        |         |         |                |          |        |       |     |
|          | President                                      | Other (spec |                              |         |             |                  |         |        |         |         |                |          |        |       |     |
| State    | e: District:                                   |             |                              |         |             |                  |         |        |         |         |                |          |        |       |     |
|          | Name (Last, First, Middle Initial)             |             |                              |         |             |                  |         |        |         |         |                |          |        |       |     |
| B. CY    | BERSOURCE                                      |             |                              |         |             |                  |         |        | isburs  | em      | ent            |          |        |       |     |
| Maili    | ng Address PO BOX 8999                         |             |                              |         |             | -                | _       | 6      | _       | о<br>22 | /              |          | 2014   | Y     |     |
| iviaili  |  |             |                              |         |             |                  |         | J      |         |         |                |          |        |       |     |
| City     |  | State       | Zip Code                     |         |             |                  | Tra     | nsac   | tion II | <br>D : | SB21           | B.146    | 42     |       |     |
| _        | FRANCISCO ose of Disbursement                  | CA          | 94128                        |         |             |                  | •••     |        |         | •       |                |          |        |       |     |
|          | ose of Dispursement<br>RCHANT FEES             |             |                              | Г.      |             |                  | Amo     | unt ດ  | f Each  | ı D     | isburs         | emen     | t this | Peri  | od  |
| Cano     | lidate Name                                    |             |                              | Cat     | egor        | v/               |         |        |         | _       |                |          | -      |       |     |
|          |  |             |                              |         | ype         | y'               |         |        | 7       |         | ,              |          |        | 0.22  |     |
| Offic    |  | ment For:   |                              |         |             |                  |         |        |         |         |                |          |        |       |     |
|          | Senate   | Primary     | General                      |         |             |                  |         |        |         |         |                |          |        |       |     |
| State    | President District:                            | Other (spec | Jily) ▼                      |         |             |                  |         |        |         |         |                |          |        |       |     |
|          | Name (Last, First, Middle Initial)             |             |                              |         |             |                  |         |        |         |         |                |          |        |       |     |
|          | BERSOURCE                                      |             |                              |         |             |                  | Date    | of D   | isburs  | em      | ent            |          |        |       |     |
|          |  |             |                              |         |             |                  | М       | _      |         | D       | /              |          | Y      | Y     |     |
| Maili    | ng Address PO BOX 8999                         |             |                              |         |             |                  | 0       | 6      |         | 25      | Ш              | _ 2      | 014    |       |     |
| City     |  | State       | Zip Code                     |         |             | -+               |         |        |         |         |                | _        |        |       |     |
| SAN      | FRANCISCO                                      | CA          | 94128                        |         |             |                  | Tra     | insac  | tion II | ):      | SB21           | B.146    | 51     |       |     |
|          | ose of Disbursement<br>RCHANT FEES             |             |                              |         | -           |                  |         |        |         |         |                |          |        |       |     |
|          | didate Name                                    |             |                              |         |             |                  | Amo     | unt o  | f Each  | n D     | isburs         | emen     | t this | Peri  | od  |
| Cano     | aidaig Indilie                                 |             |                              |         | egor<br>ype | y/               |         |        |         |         |                |          | 3      | 6.40  |     |
| Offic    | e Sought: House Disburse                       | ment For:   |                              | '       | , he        | $\overline{}$    |         |        | 7       | -       | 7              |          |        |       | _   |
|          | Senate   | Primary     | General                      |         |             |                  |         |        |         |         |                |          |        |       |     |
| _        | President                                      | Other (spec | cify) ▼                      |         |             |                  |         |        |         |         |                |          |        |       |     |
| State    | e: District:                                   |             |                              |         |             |                  |         |        |         |         |                |          |        |       |     |
|          |  |             |                              |         |             |                  |         |        |         |         |                |          | 3.     | 7.72  | П   |
| SUBTO    | OTAL of Disbursements This Page (optional).    |             |                              |         |             | <u> </u>         |         |        | 7       |         |                | <u> </u> |        | 2     |     |
| TOTAL    | . This Period (last page this line number only | ·)          |                              |         |             | •                |         |        |         |         |                |          |        |       |     |

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| S           | CHEDULE B (FEC Form 3X)                            | FOR LINE N              | ILIMPED |                   | 1            | PAGE      | 20        | OF.      | 49    |          |        |
|-------------|--|-------------------------|---------|-------------------|--------------|-----------|-----------|----------|-------|----------|--------|
|             | EMIZED DISBURSEMENTS                               | Use separate sched      |         | (check only       |              |           |           | , luc    |       | <u> </u> |        |
| 11          | LIVIIZED DISBURSEIVIEN IS                          | for each category of    |         | X 21b             | 22           | 23        | 24        | 1 _      | 25    |          | 26     |
|             |  | Detailed Summary P      | 'age    | 27                | 28a          | 28b       | 28        | 3c       | 29    | H        | 30b    |
| Δr          | by information copied from such Reports and Staten | nents may not be sold   | Or USEC | hy any nerso      | n for the r  | ournose ( | of solici | iting co | ntrih | tione    |        |
|             | for commercial purposes, other than using the nam  |                         |         |                   |              |           |           |          |       |          |        |
| $\setminus$ | NAME OF COMMITTEE (In Full)                        |                         |         |                   |              |           |           |          |       |          |        |
| $ \rangle$  | REPUBLICAN PARTY OF IOWA                           |                         |         |                   |              |           |           |          |       |          |        |
|             | THE OBEIONIN PRICE OF TOWN                         |                         |         |                   |              |           |           |          |       |          |        |
| _           | Full Name (Last, First, Middle Initial)            |                         |         |                   |              |           |           |          |       |          |        |
| A.          | CYBERSOURCE  |                         |         |                   | Date of      | Disburse  | ment      |          |       |          |        |
|             |  |                         |         |                   | M = M        | / D       | D /       | Y Y      | Y     | Υ        |        |
|             | Mailing Address PO BOX 8999                        |                         |         |                   | 06           | 2         | 7         | 20       | 014   |          |        |
|             | Oth.   | 75.0                    |         |                   |              |           |           |          |       |          |        |
|             | ,  | State Zip Code CA 94128 |         |                   | Transa       | ction ID  | : SB21    | B.1464   | 13    |          |        |
|             | SAN FRANCISCO Purpose of Disbursement              | CA 94128                |         |                   |              |           |           |          |       |          |        |
|             | MERCHANT FEES                                      |                         |         |                   | Amount       | of Each   | Disbur    | sement   | this  | Perio    | d      |
|             | Candidate Name                                     |                         |         | Coto com:         |              |           |           |          |       |          | -      |
|             |  |                         |         | Category/<br>Type |              | -         |           | 7        | (     | 0.36     |        |
|             | Office Sought: House Disbursen                     | nent For:               |         |                   |              |           | ,         |          |       |          |        |
|             | Senate   | Primary Gene            | eral    |                   |              |           |           |          |       |          |        |
|             | President  | Other (specify) ▼       |         |                   |              |           |           |          |       |          |        |
|             | State: District:                                   |                         |         |                   |              |           |           |          |       |          |        |
| _           | Full Name (Last, First, Middle Initial)            |                         |         |                   |              |           |           |          |       |          |        |
| В.          | CYBERSOURCE  |                         |         |                   | Date of      | Disburse  | ment      |          |       |          |        |
|             | Mailing Address #2 2011                            |                         |         |                   | M = M        |           | D /       |          | ) Y   | Υ        |        |
|             | Mailing Address PO BOX 8999                        |                         |         |                   | 06           | 3         | 0         | 20       | 014   |          |        |
|             | City   | State Zip Code          |         |                   |              |           |           |          |       |          |        |
|             | SAN FRANCISCO                                      | CA 94128                |         |                   | Transa       | ction ID  | : SB21    | IB.1464  | 48    |          |        |
|             | Purpose of Disbursement                            |                         |         |                   |              |           |           |          |       |          |        |
|             | MERCHANT FEES                                      |                         |         |                   | Amount       | of Each   | Disbur    | sement   | this  | Perio    | d      |
|             | Candidate Name                                     |                         |         | Category/         |              |           |           |          |       | 1.82     |        |
|             | 0//  |                         |         | Type              |              | 7         |           | 7        | -     | 1.02     | -      |
|             | Office Sought: House Disbursen                     |                         | 0 4 0 1 |                   |              |           |           |          |       |          |        |
|             |  | Other (specify) —       | eral    |                   |              |           |           |          |       |          |        |
|             | State: District:                                   | Other (specify) ▼       |         |                   |              |           |           |          |       |          |        |
| _           | Full Name (Last, First, Middle Initial)            |                         |         |                   |              |           |           |          |       |          |        |
| C           | DES MOINES A TO Z PARTY                            |                         |         |                   | Date of      | Disburse  | ment      |          |       |          |        |
| ٠.          | DEG MOINES A TO 2 PARTI                            |                         |         |                   | M M          |           | D /       | V . V    | Y     | Υ        |        |
|             | Mailing Address 1121 ARMY POST RD                  |                         |         |                   | 06           | 1         |           |          | 014   |          |        |
|             |  |                         |         |                   |              |           |           |          |       |          |        |
|             | ,  | State Zip Code          |         |                   | Transa       | ction ID  | : SB21    | B.1465   | 52    |          |        |
|             | DES MOINES Purpose of Disbursement                 | IA 50315                |         |                   |              | _         |           | ,        |       |          |        |
|             | CHASE CC PAYMENT: EQUIPMENT RENTAL                 |                         |         |                   | Δ            | -4 F- '   | Diet      |          | л-:   | D        | _      |
|             | Candidate Name                                     |                         |         | 0.1.              | Amount       | ot ⊨ach   | DISDUR    | sement   | tnis  | rerio    | a      |
|             |  |                         |         | Category/<br>Type | 1            |           |           |          | 1110  | 0.92     |        |
|             | Office Sought: House Disbursen                     | nent For:               |         | .,,,,             | [MEMO        | ITEM      |           |          |       | _        |        |
|             | Senate   | Primary Gene            | eral    |                   | [INI E INI O | i i ⊏iVi] |           |          |       |          |        |
|             | President  | Other (specify) ▼       |         |                   |              |           |           |          |       |          |        |
| _           | State: District:                                   |                         |         |                   |              |           |           |          |       |          |        |
|             |  |                         |         |                   |              |           | -         |          |       | -        | $\neg$ |
| 8           | UBTOTAL of Disbursements This Page (optional)      |                         |         |                   |              |           |           |          | 2     | 2.18     |        |
| Г           |  |                         |         |                   |              |           |           |          |       |          | Ī      |
| 1 7         | OTAL This Period (last nage this line number only) |                         |         |                   |              |           |           |          |       |          |        |

| for each category of the Detailed Summary Page    Second Commercial Purposes of Soliciting contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (in Full)   | SCHEDULE B (FEC Form 3X)                            | Harana and Harana                                 | FOR LINE  | NUMBER:                | PAGE 21 OF 49      |
|---|---|---|-----------|------------------------|--------------------|
| Detailed Summary Page    27   28a   28b   28c   29   30b   30c  | ITEMIZED DISBURSEMENTS                              | Use separate schedule(s) for each category of the | 1 ' *     |                        |                    |
| Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  REPUBLICAN PARTY OF IOWA  Full Name (Last, First, Middle Initial)  A DES MOINES CHRISTIAN SCHOOL  Mailing Address 13007 DOUGLAS PKWY 2400  City State Zip Code URBANDALE IA 50323  Purpose of Disbursement BIERFELDT REIMBURSEMENT: FACILITY RENTAL  Candidate Name  Category/ Type  State: Prinary General  |   |   |           |                        |                    |
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Pall) REPUBLICAN PARTY OF IOWA  Full Name (Last, Frist, Middle Initial)  A. DES MOINES CHRISTIAN SCHOOL  Mailing Address 13007 DOUGLAS PKWY  #400  City Calegory/ Type  Disbursement For: City #400  City State Dissort: Other (specify) ▼  Distort: Full Name (Last, Frist, Middle Initial)  B. DIRECT MAIL SYSTEMS, INC.  Mailing Address 12450 AUTOMOBILE BLVD.  City State Zip Code Than State St                                       | Any information copied from such Reports and State  | nents may not be sold or used                     |           |                        |                    |
| Full Name (Last, First, Middle Initial)  A. DES MOINES CHRISTIAN SCHOOL  Mailing Address 13007 DOUGLAS PKWY  #400  City State Zip Code URBANDALE IA 50323  Purpose of Disbursement IA 50323  Purpose of Disbursement IA 50323  Frigorous of Disbursement IA 50323  Transaction ID : \$8218.14675  Amount of Each Disbursement this Period  Cardidate Name  Category/ 1410.00  [MEMO ITEM]  Date of Disbursement IA 50323  Transaction ID : \$8218.14675  Amount of Each Disbursement IA 10.00  [MEMO ITEM]  Date of Disbursement IA 10.00  [MEMO ITEM]  Date of Disbursement IA 10.00  [MEMO ITEM]  Transaction ID : \$8218.14653  Amount of Each Disbursement Of Disbursement IA 10.00  [MEMO ITEM]  Date of Disbursement IA 10.00  [MEMO ITEM]  Transaction ID : \$8218.14653  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14653  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14653  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14653  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14653  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14653  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14653  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14653  Transaction ID : \$8218.14653  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14653  Transaction ID : \$8218.14653  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14653  Transaction ID : \$8218.14653  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14653  Transaction ID : \$8218.14663  Amount of Each Disbursement IA 10.00  Transaction ID : \$8218.14663  Transact      | or for commercial purposes, other than using the na |   |           |                        |                    |
| A. DES MOINES CHRISTIAN SCHOOL  Mailing Address 13007 DOUGLAS PKWY  #4000  City State Zip Code URBANDALE IA 50323  Prupose of Disbursement BIERFELDT REIMBURSEMENT: FACILITY RENTAL  Candidate Name  Office Sought: House Disbursement State: District:  Full Name (Last, First, Middle Initial)  B. DIRECT MAIL SYSTEMS, INC.  Mailing Address 12450 AUTOMOBILE BLVD.  City State Zip Code CLEARWATER FL 33762  Prupose of Disbursement Category' 105 Z8 2014  Transaction ID : S821B.14653  Amount of Each Disbursement  Office Sought: House Disbursement Category' 105 Z8 2014  Transaction ID : S821B.14653  Amount of Each Disbursement  Office Sought: House Disbursement Category' 105 Z8 2014  Transaction ID : S821B.14653  Amount of Each Disbursement  Office Sought: House Disbursement For: Senate Prisadent Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. DOMINOS PIZZA  Mailing Address 2914 E UNIVERSITY  City State Zip Code Category' 107 Z8 2014  Transaction ID : S821B.14663  Amount of Each Disbursement bis Period  Transaction ID : S821B.14683  Amount of Each Disbursement Disb                                       | 1 \   |   |           |                        |                    |
| A. DES MOINES CHRISTIAN SCHOOL  Mailing Address 13007 DOUGLAS PKWY  #400  City State Zip Code URBANDALE BERRELDT REIMBURSEMENT: FACILITY RENTAL  Candidate Name  Office Sought: House President Disbursement For: Senate President District: Middle Initial)  DIRECT MAIL SYSTEMS, INC.  Mailing Address 12450 AUTOMOBILE BLVD.  City State: Disbursement Disbursement For: Senate Primary General Prosident Systems  Full Name (Last, First, Middle Initial)  Cardegory/ Office Sought: House Disbursement For: Senate Primary General Prosident Systems  Full Name (Last, First, Middle Initial)  C. DOMINOS PIZZA  Mailing Address 2914 E UNIVERSITY  City State: District:  City State: District:  District:  City State Zip Code Cardegory/ Type  Disbursement For: Senate Primary General Primary General Prosident Other (specify) ▼  Transaction ID : SB218.14683  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Transaction ID : SB218.14683  Amount of Each Disbursement this Period  Category/ Transaction ID : SB218.14683  Amount of Each Disbursement Tor: District:  City State: District:  City State Zip Code DES MOINES DOMINOS PIZZA  Mailing Address 2914 E UNIVERSITY  City State Zip Code DES MOINES DATE Transaction ID : SB218.14683  Amount of Each Disbursement this Period  Category/ Transaction ID : SB218.14683  Amount of Each Disbursement this Period  Category/ Transaction ID : SB218.14683  Amount of Each Disbursement this Period  Category/ Transaction ID : SB218.14683  Amount of Each Disbursement this Period  Category/ Transaction ID : SB218.14683  Amount of Each Disbursement this Period  Category/ Transaction ID : SB218.14683  Category/ T                                       | / REPUBLICAN PARTY OF IOWA                          |   |           |                        |                    |
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| Office Sought: House Senate Primary General Disbursement For: Primary General District:  Full Name (Last, First, Middle Initial)  B. DIRECT MAIL SYSTEMS, INC.  Mailing Address 12450 AUTOMOBILE BLVD.  City State Zip Code FL 33762  CLEARWATER FL 33762  Purpose of Disbursement CHASE CC PAYMENT: DIRECT MAIL CONSULTING  Candidate Name Disbursement For: Senate Primary General President District:  Full Name (Last, First, Middle Initial)  C. DOMINOS PIZZA  Mailing Address 2914 E UNIVERSITY  City State Zip Code IA 50317  Purpose of Disbursement For: Senate Primary General Disbursement To District:  City State Zip Code IA 50317  Purpose of Disbursement For: Senate Primary General Disbursement To Disbursement To District:  City State Zip Code IA 50317  Purpose of Disbursement For: Senate IA 50317  Purpose of Disbursement For: Senate IA South Disbursement For: Senate IA South Disbursement To Disbursement Disbursement For: Senate IA South Disbursement To Disbursement To Disbursement Disburs                                       | Candidate Name                                      |   |           |                        | 1410.00            |
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| B. DIRECT MAIL SYSTEMS, INC.  Mailing Address 12450 AUTOMOBILE BLVD.  City State Zip Code CLEARWATER FL 33762 Purpose of Disbursement CHASE CC PAYMENT: DIRECT MAIL CONSULTING  Candidate Name Category/ Type  Office Sought: House Primary General President BANKERS TRUST CC PAYMENT: TRAVEL: FOOD  Candidate Name Last, First, Middle Initial)  Ctype State Zip Code Category/ Type  Disbursement For: General Primary General Primary General Code Des MoiNes Transaction ID: SB21B.14683  Date of Disbursement this Period  Transaction ID: SB21B.14653  Amount of Each Disbursement this Period  Date of Disbursement this Period  Transaction ID: SB21B.14653  Amount of Each Disbursement ID: SB21B.14683  Transaction ID: SB21B.14683  Transaction ID: SB21B.14683  Amount of Each Disbursement Gategory/ Type  Transaction ID: SB21B.14683  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B.14683  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B.14683  Amount of Each Disbursement this Period  Category/ Type  Ca                                       | President   |   |           |                        |                    |
| B. DIRECT MAIL SYSTEMS, INC.  Mailing Address 12450 AUTOMOBILE BLVD.  City State Zip Code FL 33762 Purpose of Disbursement CHASE CC PAYMENT: DIRECT MAIL CONSULTING  Candidate Name  Disbursement For: Primary General Primary General Disbursement  State: District:  City State Zip Code Persident State Zip Code Disbursement For: Pull Name (Last, First, Middle Initial)  City State Zip Code Des MoiNES IA 50317  Des MoiNES IA 50317  Purpose of Disbursement BANKERS TRUST CC PAYMENT: TRAVEL: FOOD  Candidate Name  Disbursement For: Des MoiNES Transaction ID : SB21B.14683  Amount of Each Disbursement  Transaction ID : SB21B.14683  Amount of Each Disbursement  Date of Disbursement  Transaction ID : SB21B.14683  Amount of Each Disbursement  Disbursement For: Des MoiNES TRUST CC PAYMENT: TRAVEL: FOOD  Candidate Name  Category/ Type  Transaction ID : SB21B.14683  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB21B.14683  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB21B.14683  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB21B.14683  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB21B.14683  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB21B.14683   |   |   |           |                        |                    |
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| CHASE CC PAYMENT: DIRECT MAIL CONSULTING  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. DOMINOS PIZZA  Mailing Address 2914 E UNIVERSITY  City State Zip Code DES MOINES IA 50317  Purpose of Disbursement BANKERS TRUST CC PAYMENT: TRAVEL: FOOD  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Substored Formary General Other (specify) ▼  Substoral Disbursement This Page (optional)   |   |   |           | Transaction ID : SB2   | 1B.14653           |
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| Office Sought: House Senate Primary General Other (specify) V  State: District: District: Date of Disbursement For:  Full Name (Last, First, Middle Initial)  C. DOMINOS PIZZA  Mailing Address 2914 E UNIVERSITY  City State Zip Code DES MOINES IA 50317  Purpose of Disbursement BANKERS TRUST CC PAYMENT: TRAVEL: FOOD  Candidate Name Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify) V  State: District:  Substate: District: MEMO ITEM]  MEMO ITEM]  MEMO ITEM]  MEMO ITEM]  IMEMO ITEM]  Substate: District: MEMO ITEM]  |   |   |           | Amount of Each Disbur  | sement this Period |
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| /       | REPUBLICAN PARTY OF IOWA                           |  |          |        |        |                              |       |         |      |        |          |       |               |  |  |
| <u></u> | Full Name (Last, First, Middle Initial)            |  |          |        |        |                              |       |         |      |        |          |       |               |  |  |
| A.      | <b>EXCLUSIVE CHARTER SERVICE</b>                   |  |          |        |        | Date o                       | of Di | sburse  | men  | t      |          |       |               |  |  |
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|         | Mailing Address 2221 SMITHTWON AVE                 |  |          |        |        | 06                           |       | 1:      | 5    |        | 2014     |       |               |  |  |
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|         | RONKONKOMA   | NY 11779   |          |        |        | Transaction ID : SB21B.14654 |       |         |      |        |          |       |               |  |  |
|         | Purpose of Disbursement                            |  |          | -      | $\neg$ |                              |       |         |      |        |          |       |               |  |  |
|         | CHASE CC PAYMENT: TRAVEL: AIR                      |  |          |        |        | Amour                        | nt of | Each    | Disb | urseme | ent this | Peri  | od            |  |  |
|         | Candidate Name                                     |  |          | egor   | ry/    |                              | 510   | 5166.00 |      |        |          |       |               |  |  |
|         | Office Sought: House                               | mont For:  | Т        | ype    |        |                              | ÷     | 7       | -    | 7      | 31       | 2.50  | _             |  |  |
|         | Office Sought: House Disburser Senate              | nent For:  Primary General                       |          |        |        | [MEM                         | ) ITI | EM]     |      |        |          |       |               |  |  |
|         | President  | Other (specify)                                  |          |        |        |                              |       |         |      |        |          |       |               |  |  |
|         | State: District:                                   | - · · (-p)/ ▼                                    |          |        |        |                              |       |         |      |        |          |       |               |  |  |
|         | Full Name (Last, First, Middle Initial)            |  |          |        |        |                              |       |         |      |        |          |       |               |  |  |
| В.      | FACEBOOK   |  |          |        |        | Date o                       | of Di | sburse  | men  | t      |          |       |               |  |  |
|         |  |  |          |        |        | M - M                        | /     |         | D    | / Y    | YY       | - Y   |               |  |  |
|         | Mailing Address 1601 WILLOW RD                     |  |          |        |        | 06                           |       | 0       | 1    |        | 2014     |       |               |  |  |
|         | City   | State Zip Code                                   |          |        | _      |                              |       |         |      |        |          |       |               |  |  |
|         | MENLO PARK   | CA 94025   |          |        |        | Tran                         | sact  | ion ID  | : SE | 21B.1  | 4655     |       |               |  |  |
|         | Purpose of Disbursement                            |  |          | -      | $\neg$ |                              |       |         |      |        |          |       |               |  |  |
|         | CHASE CC PAYMENT: ONLINE ADVERTISING               |  | <u></u>  |        |        | Amour                        | nt of | Each    | Disb | urseme | ent this | Peri  | od            |  |  |
|         | Candidate Name                                     |  |          | egor   | y/     |                              |       |         |      |        | 4        | 24.53 |               |  |  |
|         | Office Sought: House Disburser                     | ment For:  | T        | ype    |        |                              |       |         |      | 7      |          |       | -             |  |  |
|         | Senate Disburser                                   | Primary General                                  |          |        |        | [MEM                         | O IT  | EM]     |      |        |          |       |               |  |  |
|         | President  | Other (specify)                                  |          |        |        |                              |       |         |      |        |          |       |               |  |  |
|         | State: District:                                   | • • • •  |          |        |        |                              |       |         |      |        |          |       |               |  |  |
|         | Full Name (Last, First, Middle Initial)            |  |          |        |        |                              |       |         |      |        |          |       |               |  |  |
| C.      | JOHN FERLAND                                       |  |          |        |        | Date o                       | of Di | sburse  | men  | t      |          |       |               |  |  |
|         |  |  |          |        |        | M M                          | /     |         | D    | / Y    | Y Y      | ■ Y   |               |  |  |
|         | Mailing Address 4902 UNIVERSITY AVE APT 205        |  |          |        |        | 06                           | -     | 1       | б    |        | 2014     |       |               |  |  |
|         |  | State Zip Code                                   |          |        | _      |                              |       |         |      |        |          |       |               |  |  |
|         | DES MOINES   | IA 50311   |          |        |        | Tran                         | sact  | ion ID  | : SB | 21B.1  | 4671     |       |               |  |  |
|         | Purpose of Disbursement MILEAGE                    |  |          | -      |        |                              |       |         |      |        |          |       |               |  |  |
|         |  |  |          |        |        | Amour                        | nt of | Each    | Disb | urseme | ent this | Peri  | od            |  |  |
|         | Candidate Name                                     |  |          | egor   | y/     |                              |       | -       |      | -      | 1:       | 29.36 |               |  |  |
|         | Office Sought: House Disburser                     | ment For:  |          | ype    | -      |                              | +     | 7       | -    | 7      |          |       | ш             |  |  |
|         | Senate Disburser                                   | Primary General                                  |          |        |        |                              |       |         |      |        |          |       |               |  |  |
|         | President  | Other (specify)                                  |          |        |        |                              |       |         |      |        |          |       |               |  |  |
|         | State: District:                                   | • • • •  |          |        |        |                              |       |         |      |        |          |       |               |  |  |
| Г       |  |  |          |        |        |                              | -     | -       | -    | -      | _        | -     | $\overline{}$ |  |  |
| s       | SUBTOTAL of Disbursements This Page (optional)     |  |          |        | •      |                              |       | ,       |      | ,      | 12       | 29.36 |               |  |  |
| L       |  |  |          |        |        |                              |       | -       |      |        |          |       |               |  |  |
| ΙT      | OTAL This Period (last page this line number only) | 1  |          |        |        |                              |       |         |      |        |          |       |               |  |  |

| S               | CHEDULE B (FEC Form 3X)                              |                     |                                 | F          | )R I        | LINE N        | VI 1V                        | IBFR:       |        |        |       | PA                                       | GE     | 23                                      | OF    | 49  |
|-----------------|--|---------------------|---------------------------------|------------|-------------|---------------|------------------------------|-------------|--------|--------|-------|--|--------|---|-------|-----|
| IT              | EMIZED DISBURSEMENTS                                 |                     | arate schedule(s)               |            | hecl        | k only        | _                            |             |        | _      | _     |  |        |   |       |     |
|                 |  |                     | category of the<br>Summary Page |            | X           | 21b           |                              | 22          |        | 23     |       | 24                                       |        | 25                                      |       | 26  |
| _               |  |                     | ,                               |            |             | 27            |                              | 28a         |        | 28b    |       | 28c                                      |        | 29                                      |       | 30b |
|                 | ny information copied from such Reports and Staten   |                     |                                 |            |             |               |                              |             |        |        |       |  |        |   |       | S   |
| F <sub>or</sub> | for commercial purposes, other than using the name   | ie and addi         | iess or any politic             | ai com     | mmt         | 166 10        | SUII                         | CIL CO      | ııtılC | วนแบทร | > IT( | JIII SU(                                 | SII CC | ווווווווווווווווווווווווווווווווווווווו | uee.  |     |
|                 | NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF IOWA |                     |                                 |            |             |               |                              |             |        |        |       |  |        |   |       |     |
| I/              | REPUBLICAN PARTY OF IOWA                             |                     |                                 |            |             |               |                              |             |        |        |       |  |        |   |       |     |
| _               | Full Name (Last, First, Middle Initial)              |                     |                                 |            |             |               |                              |             |        |        |       |  |        |   |       |     |
| A.              | JOHN FERLAND   |                     |                                 |            |             |               | D                            | ate of      | f Dis  | sburse | eme   | ent                                      |        |   |       |     |
|                 |  |                     |                                 |            |             |               | П                            | M = M       | 1      |        | D     | / 🗅                                      |        | I Y                                     | Y     |     |
|                 | Mailing Address 4902 UNIVERSITY AVE APT 205          |                     |                                 |            |             |               | L                            | 06          | 1      | 2      | 26    | L  | _ 20   | 014                                     | _     |     |
|                 |  | State               | Zip Code                        |            |             |               |                              | _           |        |        |       |  |        |   |       |     |
|                 | DES MOINES   | IA                  | 50311                           |            |             |               | Transaction ID : SB21B.14672 |             |        |        |       |  |        |   |       |     |
|                 | Purpose of Disbursement MILEAGE                      |                     |                                 | -          | =           | 司             |                              |             |        |        |       |  |        |   |       |     |
|                 | Candidate Name                                       |                     |                                 | L.         |             |               | A                            | moun        | t of   | ∟ach   | Dis   | sburse                                   | ment   | this                                    | Peri  | od  |
|                 | Candidate Name                                       |                     |                                 | Cate       | egor<br>ype | y/            |                              |             |        | _      |       |  | 23     | 3.55                                    |       |     |
|                 | Office Sought: House Disbursen                       | nent For:           |                                 | 1)         | ype         | $\overline{}$ | ŀ                            |             | _      | 7      |       | - 1                                      |        |   |       |     |
|                 |  | Primary             | General                         |            |             |               |                              |             |        |        |       |  |        |   |       |     |
|                 | President  | Other (spe          | cify) 🔻                         |            |             |               |                              |             |        |        |       |  |        |   |       |     |
|                 | State: District:                                     |                     |                                 |            |             |               |                              |             |        |        |       |  |        |   |       |     |
| _               | Full Name (Last, First, Middle Initial)              |                     |                                 |            |             |               | _                            |             |        |        |       |  |        |   |       |     |
| В.              | GARNER PRINTING                                      |                     |                                 |            |             |               |                              |             |        | sburse |       | ent                                      |        |   |       |     |
|                 | Mailing Address 1697 NORTHEAST 53RD                  |                     |                                 |            |             |               | Γ                            | м = м<br>06 | /      |        | 2     | /  |        | 014                                     | Y     |     |
|                 |  |                     |                                 |            |             |               | ŀ                            | 30          |        |        | _     |  |        | J. T                                    |       |     |
|                 |  | State               | Zip Code                        |            |             |               |                              | Trans       | sact   | ion ID | ) : < | SB21B                                    | .146   | 56                                      |       |     |
|                 | DES MOINES Purpose of Disbursement                   | IA                  | 50313                           |            |             |               |                              |             |        |        |       |  |        | - <del>-</del>                          |       |     |
|                 | CHASE CC PAYMENT: PRINTING & DESIGN SEF              | RVICES              |                                 | Ε.         | T           |               | Δ                            | moun        | t of   | Each   | Die   | sburse                                   | ment   | this:                                   | Peri  | od  |
|                 | Candidate Name                                       |                     |                                 | Cata       | 200         | 2//           |                              |             |        | _4011  |       | - J. |        |   | . 511 |     |
|                 |  |                     |                                 | Cate<br>Ty | egor<br>/pe | у/            | L                            |             |        | ,      |       |  |        | 95                                      | 0.81  |     |
|                 | Office Sought: House Disbursen                       | nent For:           |                                 |            |             |               | [1                           | ИЕМС        | ) ITI  | EM]    |       |  |        |   |       |     |
|                 | Senate   | Primary             | General                         |            |             |               | •                            |             |        | -      |       |  |        |   |       |     |
|                 | President State: District:                           | Other (spec         | cify) 🔻                         |            |             |               |                              |             |        |        |       |  |        |   |       |     |
| _               |  |                     |                                 |            |             | -             |                              |             |        |        |       |  |        |   |       |     |
| C               | Full Name (Last, First, Middle Initial)  GODADDY.COM |                     |                                 |            |             |               | D                            | ate of      | f Di   | sburse | eme   | ent                                      |        |   |       |     |
| ٠.              | JODADO I JODINI                                      |                     |                                 |            |             |               |                              | M = M       |        | D      |       | 1 /                                      | (   Y  | Y                                       | У     |     |
|                 | Mailing Address 14455 N HAYDEN RD                    |                     |                                 |            |             |               |                              | 06          | ľ      |        | 5     | Ľ  |        | 014                                     |       |     |
|                 | SUITE 226  | S                   |                                 |            |             |               |                              |             |        |        |       |  |        |   |       |     |
|                 | City S<br>SCOTTSDALE                                 | State<br>AZ         | Zip Code<br>85206               |            |             |               |                              | Trans       | sact   | ion ID | : 8   | B21B                                     | .146   | 57                                      |       |     |
|                 | Purpose of Disbursement                              | , <u>\</u>          | 00200                           |            | _           |               |                              |             |        |        |       |  |        |   |       |     |
|                 | CHASE CC PAYMENT: WEB HOSTING                        |                     |                                 |            |             |               | A                            | moun        | t of   | Each   | Dis   | sburse                                   | ment   | this                                    | Peri  | od  |
|                 | Candidate Name                                       |                     |                                 | Cate       |             | y/            | Г                            | _           | -      | -      |       |  | _      | 2                                       | 6.34  |     |
|                 | Office County  |                     |                                 |            | /pe         |               | L                            |             |        | 7      |       | 7  |        | 3                                       | 0.34  | Ш   |
|                 | Office Sought: House Disburser Senate                |                     | General                         |            |             |               | [N                           | /IEMC       | ) ITE  | EM]    |       |  |        |   |       |     |
|                 | President  | Primary Other (spec |                                 |            |             |               |                              |             |        |        |       |  |        |   |       |     |
|                 | State: District:                                     | 3or (ope            | 3/ ▼                            |            |             |               |                              |             |        |        |       |  |        |   |       |     |
| Г               |  |                     |                                 |            |             |               | Ŧ                            | -           | -      |        |       | -  | -      | _                                       |       |     |
| 5               | SUBTOTAL of Disbursements This Page (optional)       |                     |                                 |            |             | •             |                              |             |        | .00    |       |  |        | 23                                      | 3.55  |     |
| $\vdash$        |  |                     |                                 |            |             |               | Ē                            |             |        |        |       |  |        |   |       |     |
| IТ              | 'OTAL This Period (last nage this line number only)  |                     |                                 |            |             |               |                              |             |        |        |       |  |        |   |       |     |

| S       | CHEDULE B (FEC Form 3X)                                       |                                       |             | FOR LIN   | VE NUI                       | MBER:     |       |        | Р       | AGE   | 24     | OF    | 49            |
|---------|---|---------------------------------------|-------------|-----------|------------------------------|-----------|-------|--------|---------|-------|--------|-------|---------------|
| IT      | EMIZED DISBURSEMENTS  | Use separate sched                    |             | (check c  | only on                      | ie)       |       |        |         |       |        |       |               |
|         |   | for each category of Detailed Summary |             | X 2       |                              | 22        |       | 23     | 24      |       | 25     |       | 26            |
| _       |   | 1                                     |             | 27        | 7                            | 28a       |       | 28b    | 280     |       | 29     |       | 30b           |
|         | ny information copied from such Reports and Stater            |                                       |             |           |                              |           |       |        |         |       |        |       | S             |
| 101     | for commercial purposes, other than using the nar             | ne and address of any                 | political   | committee | # 10 SO                      | iicit cor | ıtrib | utions | irom s  | ucn c | ommi   | uee.  |               |
| \       | NAME OF COMMITTEE (In Full)                                   |                                       |             |           |                              |           |       |        |         |       |        |       |               |
| I/      | REPUBLICAN PARTY OF IOWA                                      |                                       |             |           |                              |           |       |        |         |       |        |       |               |
| <u></u> | Full Name (Last, First, Middle Initial)                       |                                       |             |           |                              |           |       |        |         |       |        |       |               |
| Α.      | HONEYBADGER BBQ   |                                       |             |           | [                            | Date of   | Dis   | burse  | ment    |       |        |       |               |
|         |   |                                       |             |           | _ I                          | M = M     | /     | D      | D /     |       | Y      | Y     |               |
|         | Mailing Address   |                                       |             |           |                              | 06        | ı.    | 20     | 0       | _ 2   | 014    | _     |               |
|         | City  | State Zip Code                        | <del></del> |           | -                            |           |       |        |         |       |        |       |               |
|         | WINDSOR HEIGHTS   | IA 50324                              |             |           | Transaction ID : SB21B.14658 |           |       |        |         |       |        |       |               |
|         | Purpose of Disbursement                                       |                                       |             |           | 7                            |           |       |        |         |       |        |       |               |
|         | CATERING SERVICES   |                                       |             |           | A                            | Amount    | of    | Each   | Disburs | emen  | t this | Perio | od            |
|         | Candidate Name  |                                       | 7 "         | Category/ |                              |           |       |        |         |       | 436    | 2.00  |               |
|         | Office Sought: House Bistones                                 | mont For:                             |             | Type      | _                            |           | -     | 7      | 7       |       | .00    |       | _             |
|         | Office Sought: House Disburser Senate                         | ment For:  Primary Ger                | neral       |           |                              |           |       |        |         |       |        |       |               |
|         | President   | Other (specify)                       | ioiui       |           |                              |           |       |        |         |       |        |       |               |
|         | State: District:  | V-10-1- <b>3</b> 7/ <b>▼</b>          |             |           |                              |           |       |        |         |       |        |       |               |
|         | Full Name (Last, First, Middle Initial)                       |                                       |             |           |                              |           |       |        |         |       |        |       |               |
| В.      | HY VEE  |                                       |             |           | [                            | Date of   | Dis   | burse  | ment    |       |        |       |               |
|         |   |                                       |             |           | _                            | M = M     | /     | D      |         |       | /      | Y     |               |
|         | Mailing Address 7101 UNIVERSITY AVE                           |                                       |             |           |                              | 05        |       | 1      | 8       | _ 2   | 2014   |       |               |
|         | City  | State Zip Code                        | <u> </u>    |           |                              |           |       |        |         |       |        |       |               |
|         | WINDSOR HEIGHTS   | IA 50324                              | •           |           |                              | Trans     | acti  | on ID  | : SB21  | B.146 | 85     |       |               |
|         | Purpose of Disbursement                                       | LIEC                                  |             |           | 1                            |           |       |        |         |       |        |       |               |
|         | BANKERS TRUST CC PAYMENT: OFFICE SUPP                         | LIES                                  | [           |           | A                            | Amount    | of    | Each   | Disburs | emen  | t this | Perio | od            |
|         | Candidate Name  |                                       |             | Category/ |                              |           |       |        |         |       | 6      | 6.42  |               |
|         | Office Sought: House Disburser                                | ment For:                             |             | Type      | -  "                         |           | ,,    |        | 7       |       |        |       |               |
|         | Senate Dispurser  |                                       | neral       |           |                              | [MEMO     | ) ITE | M]     |         |       |        |       |               |
|         | President   | Other (specify)                       | . 5. 41     |           |                              |           |       |        |         |       |        |       |               |
|         | State: District:  | · · · · · · · · · · · · · · · · · · · |             |           |                              |           |       |        |         |       |        |       |               |
| _       | Full Name (Last, First, Middle Initial)                       |                                       |             |           |                              |           |       |        |         |       |        |       |               |
| C.      | HY VEE  |                                       |             |           | [                            | Date of   | Dis   | burse  | ment    |       |        |       |               |
|         |   |                                       |             |           | _                            | M M       | /     | D      |         |       | 7 Y    | Y     |               |
|         | Mailing Address 7101 UNIVERSITY AVE                           |                                       |             |           |                              | 05        |       | 30     | J       | 2     | 014    |       |               |
|         | City  | State Zip Code                        | 9           |           |                              |           |       |        |         |       |        |       |               |
|         | WINDSOR HEIGHTS   | IA 50324                              | -           |           |                              | Trans     | acti  | on ID  | : SB21  | B.146 | 84     |       |               |
|         | Purpose of Disbursement BANKERS TRUST CC PAYMENT: OFFICE SUPP | LIES                                  |             |           | 1                            |           |       |        |         |       |        |       |               |
|         |   | LIEO                                  | [           |           | , A                          | Amount    | of    | Each   | Disburs | emen  | t this | Perio | od            |
|         | Candidate Name  |                                       |             | Category/ |                              |           |       |        |         |       | 1      | 6.94  |               |
|         | Office Sought: House Disburser                                | ment For:                             |             | Type      | -                            |           | -     | 7      | 7       |       |        |       | ш             |
|         | Senate Dispurser  |                                       | neral       |           | [                            | [MEMO     | ITE   | :M]    |         |       |        |       |               |
|         | President   | Other (specify)                       |             |           |                              |           |       |        |         |       |        |       |               |
|         | State: District:  | •                                     |             |           |                              |           |       |        |         |       |        |       |               |
| Г       |   |                                       |             |           |                              | _         | -     | -      | -       | -     | _      | _     | $\overline{}$ |
| \$      | SUBTOTAL of Disbursements This Page (optional)                |                                       |             |           |                              |           |       | ,      |         |       | 436    | 2.00  |               |
| L       |   |                                       |             |           | - i                          |           |       |        |         |       |        |       |               |
| 1 7     | TOTAL This Period (last page this line number only)           | )                                     |             | L         |                              |           |       |        |         |       |        |       |               |

## S 17

| S           | CHEDULE B (FEC Form 3X)                                   |                            | FOR 1 11:5                    | NUMBER: PAGE 25 OF 49                           |
|-------------|---|----------------------------|-------------------------------|---|
|             | EMIZED DISBURSEMENTS                                      | Use separate schedule(     | s)   (check onl               | NOMBEIT.  |
| 11          | LIVIIZED DISDUNSEIVIEN IS                                 | for each category of the   | ) \ \ \ \ \ \ \ \ \ \ \ \ 21h | • ,   |
|             |   | Detailed Summary Page      | 27                            | 28a 28b 28c 29 30b                              |
| Δr          | y information copied from such Reports and Stater         | ments may not be sold or   | used by any ner               | son for the purpose of soliciting contributions |
|             | for commercial purposes, other than using the nan         |                            |                               |   |
| $\setminus$ | NAME OF COMMITTEE (In Full)                               | ·                          |                               |   |
| $  \rangle$ | REPUBLICAN PARTY OF IOWA                                  |                            |                               |   |
|             |   |                            |                               |   |
| _           | Full Name (Last, First, Middle Initial)                   |                            |                               |   |
| Α.          | INTUIT  |                            |                               | Date of Disbursement                            |
|             | A 11: A 1 1   |                            |                               | M M / D D / Y Y Y Y Y                           |
|             | Mailing Address 2632 MARINE WAY                           |                            |                               | 06 10 2014                                      |
|             | City  | State Zip Code             |                               |   |
|             | MOUNTAIN VIEW   | CA 94043                   |                               | Transaction ID : SB21B.14659                    |
|             | Purpose of Disbursement                                   |                            |                               | -   |
|             | CHASE CC PAYMENT: SOFTWARE                                |                            | 11 1                          | Amount of Each Disbursement this Period         |
|             | Candidate Name  |                            | Category/                     | 400.05  |
|             |   |                            | Type                          | 429.95  |
|             | Office Sought: House Disburser                            |                            |                               | [MEMO ITEM]                                     |
|             | Senate  | Primary General            |                               |   |
|             | President   | Other (specify) ▼          |                               |   |
| _           | State: District:  |                            |                               |   |
| D           | Full Name (Last, First, Middle Initial)                   |                            |                               | Date of Disbursement                            |
| В.          | IOWA EVENTS CENTER  |                            |                               |   |
|             | Mailing Address 730 THIRD ST                              |                            |                               | 06 12 2014                                      |
|             | Maining Address 750 Hill D 31                             |                            |                               | 00 12 2011                                      |
|             | City  | State Zip Code             |                               | Transaction ID : SB21B.14660                    |
|             | DES MOINES  | IA 50309                   |                               | Transaction ID . 3B21B.14000                    |
|             | Purpose of Disbursement CHASE CC PAYMENT: FACILITY RENTAL |                            |                               |   |
|             | Candidate Name  |                            |                               | Amount of Each Disbursement this Period         |
|             | Candidate Name  |                            | Category/                     | 1471.00   |
|             | Office Sought: House Disburser                            | ment For:                  | Туре                          |   |
|             | Senate Disburser  | Primary General            |                               | [MEMO ITEM]                                     |
|             | President   | Other (specify)            |                               |   |
|             | State: District:  | (-                         |                               |   |
|             | Full Name (Last, First, Middle Initial)                   |                            |                               |   |
| C.          | JIMMY JOHN'S  |                            |                               | Date of Disbursement                            |
|             |   |                            |                               | M M / D D / Y Y Y Y                             |
|             | Mailing Address 422 E LOCUST ST                           |                            |                               | 06 12 2014                                      |
|             | 01.   | 01-1-                      |                               |   |
|             | City S DES MOINES   | State Zip Code<br>IA 50309 |                               | Transaction ID : SB21B.14661                    |
|             | Purpose of Disbursement                                   | 00009                      |                               | -   |
|             | CHASE CC PAYMENT: TRAVEL: FOOD                            |                            |                               | Amount of Each Disbursement this Period         |
|             | Candidate Name  |                            | Category/                     |   |
|             |   |                            | Type                          | 53.50   |
|             | Office Sought: House Disburser                            | ment For:                  | •                             | [MEMO ITEM]                                     |
|             | Senate  | Primary General            |                               |   |
|             | President   | Other (specify) ▼          |                               |   |
| _           | State: District:  |                            |                               |   |
|             |   |                            |                               | 0.00  |
| Ls          | UBTOTAL of Disbursements This Page (optional)             |                            | ·····                         | 0.00  |
| -           | OTAL This Period (last nage this line number only)        |                            |                               |   |

| S       | CHEDULE B (FEC Form 3X)                            |  |                | FOR LINE I   | NUMBER:        |         | Р       | AGE                | 26     | OF    | 49        |  |  |  |
|---------|--|--|----------------|--------------|----------------|---------|---------|--------------------|--------|-------|-----------|--|--|--|
| IT      | EMIZED DISBURSEMENTS                               | Use separate schedule                          |                | (check only  | one)           | _       |         |                    | _      |       |           |  |  |  |
| -       |  | for each category of the Detailed Summary Page |                | <b>X</b> 21b | 22             | 23      | 24      |                    | 25     |       | 26        |  |  |  |
| _       |  | 1  |                | 27           | 28a            | 28b     | 280     |                    | 29     |       | 30b       |  |  |  |
|         | y information copied from such Reports and Staten  |  |                |              |                |         |         |                    |        |       | 3         |  |  |  |
| or      | for commercial purposes, other than using the name | ne and address of any po                       | nitical        | committee to | Solicit Contri | butions | irom si | ucn c              | ommi   | uee.  |           |  |  |  |
|         | NAME OF COMMITTEE (In Full)                        |  |                |              |                |         |         |                    |        |       |           |  |  |  |
| /       | REPUBLICAN PARTY OF IOWA                           |  |                |              |                |         |         |                    |        |       |           |  |  |  |
| <u></u> | Full Name (Last, First, Middle Initial)            |  |                |              |                |         |         |                    |        |       |           |  |  |  |
| A.      | GOPAL KRISHNA                                      |  |                |              | Date of D      | isburse | ment    |                    |        |       |           |  |  |  |
|         |  |  |                |              | M = M          |         | D /     |                    | Υ      | Υ     |           |  |  |  |
|         | Mailing Address 3901 STONEBRIDGE ROAD              |  |                |              | 06 09 2014     |         |         |                    |        |       |           |  |  |  |
|         | City   | State Zip Code                                 |                |              |                | _       |         |                    |        |       |           |  |  |  |
|         | WEST DES MOINES                                    | IA 50265                                       |                |              | Transac        | tion ID | : SB21I | 3.146 <sup>°</sup> | 70     |       |           |  |  |  |
|         | Purpose of Disbursement<br>MILEAGE                 |  | Tr             |              |                | _       |         |                    |        |       |           |  |  |  |
|         | Candidate Name                                     |  |                | Amount of    | Each           | Disburs | emen    | t this             | Perio  | bc    |           |  |  |  |
|         | Candidate ivarrie                                  |  | (              | Category/    |                | -       |         |                    | 22     | 8.60  |           |  |  |  |
|         | Office Sought: House Disburser                     | ment For:                                      |                | Туре         |                | ,       | 7       |                    |        |       |           |  |  |  |
|         |  | Primary Genera                                 | al             |              |                |         |         |                    |        |       |           |  |  |  |
|         | President  | Other (specify) ▼                              |                |              |                |         |         |                    |        |       |           |  |  |  |
|         | State: District:                                   |  |                |              |                |         |         |                    |        |       |           |  |  |  |
| _       | Full Name (Last, First, Middle Initial)            |  |                |              | D-1 (5         |         |         |                    |        |       |           |  |  |  |
| В.      | OFFICE MAX   |  |                |              | Date of D      |         | _       |                    |        |       |           |  |  |  |
|         | Mailing Address 2900 UNIVERSITY AVENUE             |  |                |              | 05             |         | 9 /     |                    | 2014   | Y     |           |  |  |  |
|         | g 2000 ONIVEROIT AVENUE                            |  |                |              | 5.5            |         |         |                    |        | _     |           |  |  |  |
|         | ,  | State Zip Code                                 |                |              | Transac        | tion ID | : SB21  | B.146              | 86     |       |           |  |  |  |
|         | WEST DES MOINES Purpose of Disbursement            | IA 50265                                       |                |              |                |         |         |                    |        |       |           |  |  |  |
|         | BANKERS TRUST CC PAYMENT: OFFICE SUPPL             | LIES   |                |              | Amount of      | Each    | Disburs | emen               | t this | Perio | bc        |  |  |  |
|         | Candidate Name                                     |  |                | Category/    |                | -       |         | -                  | -      |       |           |  |  |  |
|         |  |  | ⊥_`            | Type         |                | 7       |         |                    | 7      | 3.10  |           |  |  |  |
|         | Office Sought: House Disburser                     |  |                |              | [MEMO IT       | EM]     |         |                    |        |       |           |  |  |  |
|         | Senate President                                   | Other (specify) —                              | ll             |              |                |         |         |                    |        |       |           |  |  |  |
|         | State: District:                                   | Other (specify) ▼                              |                |              |                |         |         |                    |        |       |           |  |  |  |
| _       | Full Name (Last, First, Middle Initial)            |  |                |              |                |         |         |                    |        |       |           |  |  |  |
| C.      | STEVE SCHEFFLER                                    |  |                |              | Date of D      | isburse | ment    |                    |        |       |           |  |  |  |
|         |  |  |                |              | M = M          | D       | D /     | Y Y                | Y      | Y     |           |  |  |  |
|         | Mailing Address 5112 TAMARA LN                     |  |                |              | 06             | 0       | 9       | 2                  | 014    |       |           |  |  |  |
|         | City   | State Zip Code                                 |                |              |                |         |         |                    |        |       |           |  |  |  |
|         | WEST DES MOINES                                    | IA 50265                                       |                |              | Transac        | tion ID | : SB21  | B.146              | 73     |       |           |  |  |  |
|         | Purpose of Disbursement                            |  |                |              |                |         |         |                    |        |       |           |  |  |  |
|         | MILEAGE  |  | $\perp \mid L$ |              | Amount of      | Each    | Disburs | emen               | t this | Perio | bc        |  |  |  |
|         | Candidate Name                                     |  |                | Category/    |                |         |         |                    | 75     | 0.27  |           |  |  |  |
|         | Office Sought: House Disburser                     | ment For:                                      |                | Туре         |                | 7       | 7       |                    |        |       |           |  |  |  |
|         | Senate Disburser                                   | Primary Genera                                 | al             |              |                |         |         |                    |        |       |           |  |  |  |
|         | President  | Other (specify) ▼                              |                |              |                |         |         |                    |        |       |           |  |  |  |
|         | State: District:                                   |  |                |              |                |         |         |                    |        |       |           |  |  |  |
|         |  |  |                |              |                |         |         | _                  | 07     | 0.07  | $\exists$ |  |  |  |
| S       | UBTOTAL of Disbursements This Page (optional)      |  |                | ······•      |                | 7       | - 7     |                    | 9/     | 8.87  |           |  |  |  |
| -       | OTAL This Period (last nage this line number only) |  |                | _            |                |         |         |                    |        |       |           |  |  |  |

| S           | CHEDULE B (FEC Form 3X)   |                                    |                                      |         |             | LINE N        | NUM   | BER         | :     |        |           | PA           | GE    | 27     | OF      | 49  |
|-------------|---|------------------------------------|--------------------------------------|---------|-------------|---------------|-------|-------------|-------|--------|-----------|--------------|-------|--------|---------|-----|
| IT          | EMIZED DISBURSEMENTS  |                                    | arate schedule(s)<br>category of the |         | heck        | k only        | one)  |             |       | _      | _         |              |       |        |         |     |
| -           | · <del></del>   |                                    | Summary Page                         |         | X           | 21b           |       | 22          |       | 23     |           | 24           |       | 25     |         | 26  |
| _           |   |                                    |                                      |         |             | 27            |       | 28a         |       | 28b    |           | 28c          |       | 29     |         | 30b |
|             | ny information copied from such Reports and Stater<br>for commercial purposes, other than using the nan |                                    |                                      |         |             |               |       |             |       |        |           |              |       |        |         | S   |
| or          |   | ne and add                         | iess of any politic                  | cai con | mmt         | 166 10        | SOIIC | π co        | ווווג | วนแบทร | s (ľ      | oni Su       | UII C | וחווונ | uee.    |     |
| $  \rangle$ | NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF IOWA  |                                    |                                      |         |             |               |       |             |       |        |           |              |       |        |         |     |
| /           | REPUBLICAN PARTY OF IOWA  |                                    |                                      |         |             |               |       |             |       |        |           |              |       |        |         |     |
|             | Full Name (Last, First, Middle Initial)   |                                    |                                      |         |             |               |       |             |       |        |           |              |       |        |         |     |
| A.          | TAMARA SCOTT  |                                    |                                      |         |             |               | Da    | ate o       | f Di  | sburse | eme       | ent          |       |        |         |     |
|             |   |                                    |                                      |         |             |               | N     | Л = М       | /     |        | D         | / [          |       | ΙΥ     | Y       |     |
|             | Mailing Address 6562 50TH AVENUE  |                                    |                                      |         |             |               | L     | 06          | 1     | 0      | 3         |              | _ 2   | 014    |         |     |
|             | City  | State                              | Zip Code                             |         |             | $\overline{}$ |       |             |       |        |           |              |       |        |         |     |
|             | NORWALK   | IA                                 | 50211                                |         |             |               | 7     | rans        | sact  | ion ID | : \$      | SB21B        | .146  | 76     |         |     |
|             | Purpose of Disbursement MILEAGE   |                                    |                                      |         | =           | $\neg$        | _     |             |       | _      | _         |              |       |        | _       |     |
|             | Candidate Name  |                                    |                                      |         | An          | noun          | it of | ∟ach        | Di    | sburse | men       | this         | Peri  | od     |         |     |
|             | Candidate Ivallie   |                                    |                                      | Cate    |             | y/            |       |             |       | _      |           |              |       | 16     | 0.20    |     |
|             | Office Sought: House Disburser  | Type ught: House Disbursement For: |                                      |         |             |               |       |             |       | 7      |           | - 7          | _     |        |         |     |
|             | Senate  | Primary                            | General                              |         |             |               |       |             |       |        |           |              |       |        |         |     |
|             | President   | Other (spe                         | cify) 🔻                              |         |             |               |       |             |       |        |           |              |       |        |         |     |
|             | State: District:  |                                    |                                      |         |             |               |       |             |       |        |           |              |       |        |         |     |
| P           | Full Name (Last, First, Middle Initial)   |                                    |                                      |         |             |               | _     | ate :       | t D.  | ob     |           | ant          |       |        |         |     |
| В.          | TAMARA SCOTT  |                                    |                                      |         |             |               |       |             |       | sburse |           | <b>≓</b> 11€ | ,     |        |         |     |
|             | Mailing Address 6562 50TH AVENUE  |                                    |                                      |         |             | -             | N     | л = м<br>06 | /     |        | 26        |              |       | 014    | = Y     |     |
|             |   |                                    |                                      |         |             |               |       |             |       |        |           |              |       |        |         | _   |
|             |   | State                              | Zip Code                             |         |             |               | 7     | Frans       | sact  | ion ID | <br>: : 9 | SB21B        | .146  | 77     |         |     |
|             | NORWALK Purpose of Disbursement   | IA                                 | 50211                                |         |             |               |       |             |       |        |           |              |       |        |         |     |
|             | MILEAGE   |                                    |                                      |         |             |               | An    | noun        | t of  | Each   | Di        | sburse       | men   | t this | Peri    | od  |
|             | Candidate Name  |                                    |                                      | Cate    | egor        | v/            | Г     | _           | -     |        |           | -            |       | 40-    | vo. 4 : |     |
|             |   |                                    |                                      |         | /pe         | <i>y</i> .    | L     | -           |       | 7      |           | - 7          | -     | 167    | 8.41    | _   |
|             | Office Sought: House Disburser  |                                    |                                      |         |             |               |       |             |       |        |           |              |       |        |         |     |
|             | Senate   President  | Primary Other (spe                 | General                              |         |             |               |       |             |       |        |           |              |       |        |         |     |
|             | State: District:  | Other (spe                         | ony) ▼                               |         |             |               |       |             |       |        |           |              |       |        |         |     |
| _           | Full Name (Last, First, Middle Initial)   |                                    |                                      |         |             |               |       |             |       |        |           |              |       |        |         |     |
| C.          | ANDREW SELDEN   |                                    |                                      |         |             |               | Da    | ate o       | f Di  | sburse | eme       | ent          |       |        |         |     |
|             |   |                                    |                                      |         |             |               | N     | л = м       | /     | D      |           | 1            |       | I Y    | I Y     |     |
|             | Mailing Address 686 63RD ST   |                                    |                                      |         |             |               | L     | 06          | 4     | 0      | 4         | J L          | _ 2   | 014    |         |     |
|             | City  | State                              | Zip Code                             |         |             | -             |       |             |       |        |           |              |       |        |         |     |
|             | DES MOINES  | IA                                 | 50312                                |         |             |               | 7     | rans        | sact  | ion ID | ) : 9     | SB21B        | .146  | 69     |         |     |
|             | Purpose of Disbursement<br>MILEAGE  |                                    |                                      |         | -           | $\neg$        |       |             |       |        |           |              |       |        |         |     |
|             | Candidate Name  |                                    |                                      |         |             |               | An    | noun        | t of  | Each   | Di        | sburse       | men   | t this | Peri    | od  |
|             | Candidate Name  |                                    |                                      | Cate    | egor<br>ype | y/            |       |             |       |        |           |              |       | 40     | 4.10    |     |
|             | Office Sought: House Disburser  | ment For:                          |                                      | 13      | , ۲0        | -             |       |             | ÷     | 7      |           | 7            |       |        |         | -   |
|             | Senate  | Primary                            | General                              |         |             |               |       |             |       |        |           |              |       |        |         |     |
|             | President   | Other (spe                         | cify) ▼                              |         |             |               |       |             |       |        |           |              |       |        |         |     |
| _           | State: District:  |                                    |                                      |         |             |               |       |             |       |        |           |              |       |        |         |     |
| _ ا         | NIDTOTAL of Disks   |                                    |                                      |         |             |               | Г     |             | Т     |        |           |              |       | 224    | 2.71    | П   |
| Ls          | SUBTOTAL of Disbursements This Page (optional)  |                                    |                                      |         |             | _             | Ŀ     | -           | -     | 7      |           | - 7          | -     |        |         | _   |
| ٦,          | OTAL This Period (last nage this line number only)  |                                    |                                      |         |             |               |       |             |       |        |           |              |       |        |         |     |

| S                | CHEDULE B (FEC Form 3X)                            |  | F        | OR I  | LINE N    | NUMBE                        | R:     |         |              | PA                  | GE    | 28   | OF    | 49  |  |
|------------------|--|--|----------|-------|-----------|------------------------------|--------|---------|--------------|---------------------|-------|------|-------|-----|--|
| ΙΤ               | EMIZED DISBURSEMENTS                               | Use separate schedule(s                        | \ I      | heck  | k only    | -                            |        | _       |              |                     |       |      |       |     |  |
|                  |  | for each category of the Detailed Summary Page |          | X     | 21b       | 22                           |        | 23      |              | 24                  |       | 25   |       | 26  |  |
| _                |  | ,,   |          |       | 27        | 28a                          | ı      | 28b     |              | 28c                 |       | 29   |       | 30b |  |
|                  | y information copied from such Reports and Stater  |  |          |       |           |                              |        |         |              |                     |       |      |       | S   |  |
| or               | for commercial purposes, other than using the name | ne and address of any polit                    | icai con | nmit  | tee to    | SOIICIT                      | ontri  | butions | SII          | om su               | cn cc | ımmı | ιιee. |     |  |
|                  | NAME OF COMMITTEE (In Full)                        |  |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
| /                | REPUBLICAN PARTY OF IOWA                           |  |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
|                  | Full Name (Last, First, Middle Initial)            |  |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
| A.               | SKIP'S   |  |          |       |           | Date                         | of D   | isburse | em           | ent                 |       |      |       |     |  |
|                  |  |  |          |       |           | M                            | M      | / D     | D            | / [                 | Y Y   | I Y  | Y     |     |  |
|                  | Mailing Address 4000 FLEUR DR                      |  |          |       |           | 06                           | ;      | C       | )5           | J L                 | 20    | 014  |       |     |  |
|                  | City   | State Zip Code                                 |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
|                  | DES MOINES   | IA 50321                                       |          |       |           | Transaction ID : SB21B.14662 |        |         |              |                     |       |      |       |     |  |
|                  | Purpose of Disbursement                            |  |          | -     | _         | 7                            |        |         |              |                     |       |      |       |     |  |
|                  | CHASE CC PAYMENT: TRAVEL: FOOD                     |  |          |       | ш         | Amou                         | int of | Each    | Di           | sburse              | ment  | this | Peri  | od  |  |
|                  | Candidate Name                                     |  | Cate     | egor  | y/        |                              |        | -       | -            |                     | 2     | 0.44 |       |     |  |
|                  |  |  |          | ype   |           |                              | _      | 7       | -            | 7                   | _     | 3    | 0.44  | _   |  |
|                  | Office Sought: House Disburser                     |  |          |       |           | [MEN                         | 10 IT  | EM]     |              |                     |       |      |       |     |  |
|                  | Senate President                                   | Primary General Other (specify) ▼              |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
|                  | State: District:                                   | Other (specify)                                |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
| _                | Full Name (Last, First, Middle Initial)            |  |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
| В.               | WELLS FARGO BANK, N.A.                             |  |          |       |           | Date                         | of D   | isburse | em           | ent                 |       |      |       |     |  |
|                  |  |  |          |       |           | M                            | M      | / D     | D            | 7/                  | Y     | I Y  | Y     |     |  |
|                  | Mailing Address 420 MONTGOMERY STREET              |  |          |       |           | 06                           | 3      |         | 11           |                     | 2     | 014  |       |     |  |
|                  |  |  |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
|                  | City SAN FRANCISCO                                 | State Zip Code<br>CA 94104                     |          |       |           | Tra                          | nsac   | tion IE | ) : t        | SB21B               | .146  | 63   |       |     |  |
|                  | Purpose of Disbursement                            | 94104  |          |       | _         |                              |        |         |              |                     |       |      |       |     |  |
|                  | BANK FEES  |  | П.       |       |           | Amou                         | int of | Each    | Di           | sburse              | ment  | this | Peri  | od  |  |
|                  | Candidate Name                                     |  | Cate     | egor  | v/        |                              |        | -       |              | -                   |       |      |       |     |  |
|                  |  |  |          | ype   | <i>y.</i> |                              | _      | 7       |              | - 7                 | _     |      | 51.40 |     |  |
|                  | Office Sought: House Disburser                     |  |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
|                  | Senate   | Primary General                                |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
|                  | President State: District:                         | Other (specify) ▼                              |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
| _                | Full Name (Last, First, Middle Initial)            |  |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
| C.               | WELLS FARGO BANK, N.A.                             |  |          |       |           | Date                         | of D   | isburse | eme          | ent                 |       |      |       |     |  |
| •                | WEELS I AROO BAINT, N.A.                           |  |          |       |           | M                            |        |         | D            | <b>1</b> / <b>F</b> | / I Y | Y    | V     |     |  |
|                  | Mailing Address 420 MONTGOMERY STREET              |  |          |       |           | 06                           | _      |         | 11           |                     |       | 014  | .     |     |  |
|                  |  |  |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
|                  | ,  | State Zip Code                                 |          |       |           | Tra                          | nsac   | tion IE | <b>)</b> : ( | SB21B               | .1460 | 64   |       |     |  |
|                  | SAN FRANCISCO Purpose of Disbursement              | CA 94104                                       |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
|                  | BANK FEES  |  |          |       |           | Δmoi                         | ınt o  | Fach    | יח           | sburse              | mant  | thic | Pori  | od  |  |
|                  | Candidate Name                                     |  | Cate     | agor  | v/        | AITIOU                       |        | Lacil   | ات           | 55 UI 50            |       | -    | -     |     |  |
|                  |  |  |          | ype   | y,        | Ι.                           |        | /III    |              | 1 (0)               |       | 99   | 5.43  |     |  |
|                  | Office Sought: House Disburser                     | nent For:                                      |          |       |           |                              |        |         |              | ,                   |       |      |       |     |  |
|                  | Senate   | Primary General                                |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
|                  | President  | Other (specify) ▼                              |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
| _                | State: District:                                   |  |          |       |           |                              |        |         |              |                     |       |      |       |     |  |
| _ ا              | IIDTOTAL «CRIste»                                  |  |          |       |           |                              |        | -       | Т            | -                   |       | 104  | 6.83  |     |  |
| $L^{\mathrm{s}}$ | UBTOTAL of Disbursements This Page (optional)      |  |          | ••••• | <u> </u>  |                              |        | 7       |              | 1 9                 |       | 10-4 | 3.55  | _   |  |
| ۱,               | OTAL This Period (last page this line number only) |  |          |       |           |                              |        |         |              |                     |       |      |       |     |  |

| SCHEDULE B (FEC Form 3X)                            |                                       | FOD 1 1115           | NUMBER      |          | DA        | GE 29         | OF      | 49   |  |  |  |  |
|---|---------------------------------------|----------------------|-------------|----------|-----------|---------------|---------|------|--|--|--|--|
| ITEMIZED DISBURSEMENTS                              | Use separate schedule(s)              | FOR LINE (check only | -           |          | FA        | UL 29         | Oi      | 73   |  |  |  |  |
| II EIVIIZED DISDUKSEIVIEN IS                        | for each category of the              | X 21b                | 22          | 23       | 24        | 25            |         | 7 26 |  |  |  |  |
|   | Detailed Summary Page                 | 27                   | 28a         | 28b      | 28c       | 29            |         | 30b  |  |  |  |  |
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| or for commercial purposes, other than using the na |                                       |                      |             |          |           |               |         | 5    |  |  |  |  |
| NAME OF COMMITTEE (In Full)                         | , , , , , , , , , , , , , , , , , , , |                      |             |          |           |               |         |      |  |  |  |  |
| REPUBLICAN PARTY OF IOWA                            |                                       |                      |             |          |           |               |         |      |  |  |  |  |
| REPUBLICAN PARTI OF IOWA                            |                                       |                      |             |          |           |               |         |      |  |  |  |  |
| Full Name (Last, First, Middle Initial)             |                                       |                      |             |          |           |               |         |      |  |  |  |  |
| A. WYNDHAM RIVERFRONT HOTE                          | L                                     |                      | Date of Dis | sbursen  | nent      |               |         |      |  |  |  |  |
|   |                                       |                      | M M /       | D [      | / \       | / Y Y         | I Y     |      |  |  |  |  |
| Mailing Address 701 CONVENTION CENTER BLV           | 'D                                    |                      | 06          | 03       | JL        | 2014          |         |      |  |  |  |  |
| <del> </del>  |                                       |                      |             |          |           |               |         |      |  |  |  |  |
| City  | State Zip Code                        |                      | Transacti   | ion ID : | SB21B     | 14665         |         |      |  |  |  |  |
| NEW ORLEANS Purpose of Disbursement                 | LA 70130                              |                      | _           |          |           |               |         |      |  |  |  |  |
| CHASE CC PAYMENT: TRAVEL: LODGING                   |                                       |                      | Amount of   | Each [   | Nichurca  | ment thi      | c Pari  | od   |  |  |  |  |
| Candidate Name                                      |                                       |                      | Amount of   | Lacii    | 713501130 | inchit thi    | 3 1 011 | ou   |  |  |  |  |
|   |                                       | Category/<br>Type    |             |          |           | 1             | 23.17   |      |  |  |  |  |
| Office Sought: House Disburse                       | ment For:                             | Турс                 |             |          | ,         |               |         |      |  |  |  |  |
| Senate  | Primary General                       |                      | [MEMO ITE   | -IVI]    |           |               |         |      |  |  |  |  |
| President   | Other (specify) ▼                     |                      |             |          |           |               |         |      |  |  |  |  |
| State: District:                                    | · · · · · · · · · · · · · · · · · · · |                      |             |          |           |               |         |      |  |  |  |  |
| Full Name (Last, First, Middle Initial)             |                                       |                      |             |          |           |               |         |      |  |  |  |  |
| B.  |                                       |                      | Date of Dis | sbursen  | nent      |               |         |      |  |  |  |  |
|   |                                       |                      | M = M /     | D = 0    | /         | / Y Y         | - Y     |      |  |  |  |  |
| Mailing Address                                     |                                       |                      |             |          | J L       |               |         |      |  |  |  |  |
| 011   |                                       |                      |             |          |           |               |         |      |  |  |  |  |
| City  | State Zip Code                        |                      |             |          |           |               |         |      |  |  |  |  |
| Purpose of Disbursement                             | Τ.                                    |                      |             |          |           |               |         |      |  |  |  |  |
|   |                                       |                      | Amount of   | Each D   | Disburse  | ment thi      | s Peri  | od   |  |  |  |  |
| Candidate Name                                      |                                       | Category/            | 1 1         | -        | -         |               |         |      |  |  |  |  |
|   |                                       | Type                 |             | 7        | 7         |               | -       | _    |  |  |  |  |
| Office Sought: House Disburse                       | ment For:                             |                      |             |          |           |               |         |      |  |  |  |  |
| Senate  | Primary General                       |                      |             |          |           |               |         |      |  |  |  |  |
| President   | Other (specify)                       |                      |             |          |           |               |         |      |  |  |  |  |
| State: District:                                    |                                       |                      |             |          |           |               |         |      |  |  |  |  |
| Full Name (Last, First, Middle Initial)             |                                       |                      | D-1: (5)    |          |           |               |         |      |  |  |  |  |
| C.  |                                       |                      | Date of Dis | sbursen  | nent<br>  |               |         |      |  |  |  |  |
| Mailing Address                                     |                                       |                      | M = M /     | D   [    | /         | Y             | Y       |      |  |  |  |  |
| Ividility Address                                   |                                       |                      |             | -        |           |               |         |      |  |  |  |  |
| City  | State Zip Code                        |                      |             |          |           |               |         |      |  |  |  |  |
| •   |                                       |                      |             |          |           |               |         |      |  |  |  |  |
| Purpose of Disbursement                             |                                       |                      |             |          |           |               |         |      |  |  |  |  |
|   |                                       |                      | Amount of   | Each D   | Disburse  | ment thi      | s Peri  | od   |  |  |  |  |
| Candidate Name                                      |                                       | Category/            |             | -        | -         |               |         |      |  |  |  |  |
| Office Cought: House                                | mont For:                             | Туре                 |             | 7        | 7         |               |         | _    |  |  |  |  |
| Office Sought: House Disburse Senate                | ment For:    Primary   General        |                      |             |          |           |               |         |      |  |  |  |  |
| President   | Other (specify)                       |                      |             |          |           |               |         |      |  |  |  |  |
| State: District:                                    | Caror (opcony)                        |                      |             |          |           |               |         |      |  |  |  |  |
|   |                                       |                      |             | _        | _         | _             | _       |      |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).     |                                       |                      | 1           | -        |           |               | 0.00    |      |  |  |  |  |
|   |                                       |                      |             | 1        | - 1       | $\Rightarrow$ |         | Ħ    |  |  |  |  |
| TOTAL This Period (last page this line number only  | 1)                                    |                      |             |          |           | 480           | 13.71   |      |  |  |  |  |

| CHEDULE B (FEC Form 3X)   |   | FOR LINE I        | NUMBER: PAGE 30 OF 49  |
|---|---|-------------------|--|
| TEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | (check only       | one)   |
|   | Detailed Summary Page                             | 21b<br>27         | X     22     23     24     25     26       28a     28b     28c     29     30 |
| Any information copied from such Deports and Chi-ti-  | nonte may not be cold or                          |                   |  |
| Any information copied from such Reports and Stater<br>or for commercial purposes, other than using the nan               |   |                   |  |
| NAME OF COMMITTEE (In Full)   |   |                   |  |
| REPUBLICAN PARTY OF IOWA  |   |                   |  |
| Full Name (Last, First, Middle Initial)   |   | 1                 |  |
| • REPUBLICAN PARTY OF IOWA  |   |                   | Date of Disbursement   |
|   |   |                   | M M / D D / Y Y Y Y  |
| Mailing Address 621 E. NINTH STREET   |   |                   | 06 16 2014   |
| City  | State Zip Code                                    |                   |  |
| DES MOINES  | IA 50309  |                   | Transaction ID : SB22.14229  |
| Purpose of Disbursement TRANSFER TO NON-FEDERAL ACCOUNT   |   |                   | Amount of Foot Bill  |
| Candidate Name  |   | السيا             | Amount of Each Disbursement this Period                                      |
| Caradate Hame   |   | Category/<br>Type | 17173.14   |
| Office Sought: House Disburser  | nent For:   | 71                |  |
| Senate  | Primary General                                   |                   |  |
| State: District:  | Other (specify) ▼                                 |                   |  |
| Full Name (Last, First, Middle Initial)   |   |                   |  |
| •   |   |                   | Date of Disbursement   |
|   |   |                   | M = M / D = D / Y = Y = Y  |
| Mailing Address   |   |                   |  |
| City  | State Zip Code                                    |                   |  |
| Durage of Dishura   |   |                   |  |
| Purpose of Disbursement   |   | · · ·             | Amount of Each Disbursement this Period                                      |
| Candidate Name  |   | Category/         | 23 2. 2.3 2.023.03 4 7.0100  |
|   |   | Type              |  |
| Office Sought: House Disburser  |   |                   |  |
| Senate President  | Primary General Other (specify) ▼                 |                   |  |
| State: District:  | (opoo) •  |                   |  |
| Full Name (Last, First, Middle Initial)   |   |                   |  |
|   |   |                   | Date of Disbursement   |
| •   |   |                   |  |
|   |   |                   | M M / D D / Y Y Y Y  |
| Mailing Address   |   |                   |  |
| Mailing Address   | State Zip Code                                    |                   |  |
| Mailing Address   | State Zip Code                                    |                   |  |
| Mailing Address  City   | State Zip Code                                    |                   |  |
| Mailing Address  City   | State Zip Code                                    | Category/         | M M / D D / Y Y Y Y  |
| Mailing Address  City  Purpose of Disbursement  Candidate Name  | ·   | Category/<br>Type | M M / D D / Y Y Y Y  |
| Mailing Address  City S  Purpose of Disbursement  | ment For:   | Category/<br>Type | M M / D D / Y Y Y Y  |
| Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Disburser                            | ment For:   | Category/<br>Type | M M / D D / Y Y Y Y  |
| Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Disburser Senate                     | ment For: Primary General                         | Category/<br>Type | M M / D D / Y Y Y Y  |
| Mailing Address  City S  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President  State: District: | ment For: Primary General Other (specify) ▼       | Type              | Amount of Each Disbursement this Period                                      |
| Mailing Address  City S  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President                   | ment For: Primary General Other (specify) ▼       | Type              | M M / D D / Y Y Y Y  |

# SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

| PAGE   | 31   | OF    | 49   |    |
|--------|------|-------|------|----|
| FOR LI | NF 1 | 8a OF | FORM | зх |

| NAME OF COMMITTEE (In Full)<br>REPUBLICAN PARTY OF IOWA |                          |                      |             |
|---|--------------------------|----------------------|-------------|
| NAME OF ACCOUNT   | DATE OF RECEIPT          | TOTAL AMOUNT         | TRANSFERRED |
| REPUBLICAN PARTY OF IOWA                                | M M / D D / Y Y          | 014 )                | 1500.00     |
| BREAKDOWN OF TRANSFER RECEIVED                          |                          |                      |             |
| i) Total Administrative                                 |                          |                      | 1500.00     |
|   |                          | Transaction ID : H3. | 4230        |
| ii) Generic Voter Drive                                 |                          |                      | ,           |
| iii) Exempt Activities                                  |                          |                      | 7           |
| iv) Direct Fundraising (List Activity or Event to       | lentifier)               |                      |             |
|   |                          |                      |             |
| a)  |                          |                      |             |
| 153   |                          |                      |             |
| b)  |                          |                      |             |
| c) Total Amount Transferred For Direct Fund             | raising                  |                      |             |
| v) Direct Candidate Support (List Activity or           |                          |                      |             |
| ty Briest surface support (East Assisting of the        | event identifier)        |                      |             |
| a)  |                          |                      |             |
|   |                          |                      |             |
| b)  |                          |                      |             |
| c) Total Amount Transferred For Direct Cand             | lidate Support           |                      |             |
| ,   |                          |                      |             |
| vi) Public Communications Referring Only to             | Party (Made by PAC)      |                      | 7           |
| TOTALS I  | FOR BREAKDOWN OF TRANSFE | R RECEIVED           |             |
| TOTAL This Period (Administrative)                      |                          | 1500.00              |             |
|   |                          | 0.00                 |             |
| TOTAL This Period (Generic Voter Drive)                 |                          | 3                    |             |
| TOTAL This Period (Exempt Activities)                   |                          | 0.00                 |             |
| TOTAL This Period (Direct Fundraising)                  |                          |                      | 0.00        |
| ,   |                          |                      |             |
| TOTAL This Period (Direct Candidate Support)            |                          |                      | 0.00        |
| TOTAL This Period (Public Communications Referring      | g Only to Party)         |                      | 0.00        |
| TOTAL This Period (Total Amount Transferred)            |                          |                      | 1500.00     |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

| PAGE   | 32   | OF    | 49   |    |
|--------|------|-------|------|----|
| FOR LI | NE 2 | 1a OF | FORM | зх |

| R              | EPUBLICAN PARTY OF IOWA  | 4                          |  |   |                                    |  |
|----------------|--|----------------------------|--|---|------------------------------------|--|
| A.             | Full Name (Last, First, Middle Initial)  | Transactio                 | n ID : H4.14608  |   |                                    | Activity or Event:   |
|                | MEDIACOM CABLE   |                            |  |   | X Adn                              | ninistrative Fundraising Exempt  |
|                | Mailing Address 1 MEDIACOM WAY   |                            |  |   | Vote                               | er Drive Direct Candidate Support  |
|                | City   | State                      | Zip Code   |   | Pub                                | olic Comm (ref to party only) by PAC   |
|                | MEDIACOM PARK  | NY                         | 10918  |   | Allocat                            | ted Activity or Event Year-To-Date   |
|                | Purpose of Disbursement:<br>BANKERS TRUST CC PAYMENT: BROADE   | BAND SERVI                 | CES  |   |                                    | 229665.58  |
|                | Activity or Event Identifier: Administrative   |                            |  | Category/   |                                    | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|                | [МЕМО ІТЕМ]  |                            |  | Type  | Date                               | 05 16 2014   |
|                | FEDERAL SHARE  | +                          | NONFEDERAL   | SHARE   | =                                  | TOTAL AMOUNT   |
|                | 33.39  |                            | , ,  | 125.60  |                                    | 158.99   |
| <u>—</u><br>В. | Full Name (Last, First, Middle Initial)  | Transaction                | n ID : H4.14609  |   | Allocated                          | Activity or Event:   |
|                | PER MAR SECURITY   |                            |  |   | X Adn                              | ninistrative Fundraising Exempt  |
|                | Mailing Address 720 E 2ND STREET   |                            |  |   | Vote                               | er Drive Direct Candidate Support  |
|                | City   | State                      | Zip Code   |   | Pub                                | olic Comm (ref to party only) by PAC   |
|                | DES MOINES   | IA                         | 50309  |   |                                    | ted Activity or Event Year-To-Date   |
|                | Purpose of Disbursement:<br>BANKERS TRUST CC PAYMENT: SECURI   | TY SERVICES                | 5  |   |                                    | 251501.04  |
|                | Activity or Event Identifier:<br>Administrative  |                            |  | Category/   |                                    | M = M / D = D / Y = Y = Y  |
|                | [MEMO ITEM]  |                            |  | Type  | Date                               | 05 21 2014   |
|                |  |                            |  |   |                                    |  |
|                | FEDERAL SHARE  | +                          | NONFEDERAL   | SHARE   | =                                  | TOTAL AMOUNT   |
|                | FEDERAL SHARE  |                            | NONFEDERAL   | SHARE<br>43.26  |                                    | TOTAL AMOUNT 54.76   |
| <u>C.</u>      |  |                            | NONFEDERAL  7 n ID : H4.14610  |   |                                    |  |
| <u>c.</u>      | Full Name (Last, First, Middle Initial)  QWEST COMMUNICATIONS  |                            | 7 7  |   | Allocated                          | 54.76  |
| <u> </u>       | Tull Name (Last, First, Middle Initial)  |                            | n ID : H4.14610  |   | Allocated                          | 54.76  I Activity or Event:  |
| c.             | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City  | Transactio                 | n ID : H4.14610<br>Zip Code  |   | Allocated  Adm  Vote               | 54.76  I Activity or Event:  ninistrative Fundraising Exempt   |
| c.             | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City DENVER   | Transactio                 | n ID : H4.14610  |   | Allocated  Adn  Vote               | 54.76  I Activity or Event:  ninistrative Fundraising Exempt  er Drive Direct Candidate Support  |
| <u>C.</u>      | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City DENVER  Purpose of Disbursement: BANKERS TRUST CC PAYMENT: COMMU   | Transaction State CO       | Zip Code<br>80202  |   | Allocated  Adn  Vote               | 54.76  Activity or Event:  Ininistrative Fundraising Exempt  Per Drive Direct Candidate Support  Direct Comm (ref to party only) by PAC  |
| C.             | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City DENVER Purpose of Disbursement:  | Transaction State CO       | Zip Code<br>80202  | 43.26  Category/  | Allocated Adn Vote Pub Allocat     | Activity or Event:  Ininistrative Fundraising Exempt  Per Drive Direct Candidate Support   |
| c.             | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City DENVER  Purpose of Disbursement: BANKERS TRUST CC PAYMENT: COMMU  Activity or Event Identifier: Administrative [MEMO ITEM]   | State<br>CO<br>NICATIONS ( | Zip Code<br>80202<br>CONSULTING  | 43.26  Category/ Type                                   | Allocated Adn Vote Pub Allocat     | 54.76  Activity or Event:  Ininistrative Fundraising Exempt  Per Drive Direct Candidate Support  Silic Comm (ref to party only) by PAC  Sized Activity or Event Year-To-Date  251695.39  |
| C.             | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City DENVER Purpose of Disbursement: BANKERS TRUST CC PAYMENT: COMMU  Activity or Event Identifier: Administrative  | Transaction State CO       | Zip Code<br>80202  | 43.26  Category/ Type                                   | Allocated Adn Vote Pub Allocat     | Activity or Event:  Ininistrative Fundraising Exempt  Per Drive Direct Candidate Support   |
| c.             | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City DENVER  Purpose of Disbursement: BANKERS TRUST CC PAYMENT: COMMU  Activity or Event Identifier: Administrative [MEMO ITEM]   | State<br>CO<br>NICATIONS ( | Zip Code<br>80202<br>CONSULTING  | 43.26  Category/ Type                                   | Allocated Adn Vote Pub Allocat     | 54.76  Activity or Event:  Ininistrative Fundraising Exempt  Per Drive Direct Candidate Support  Silic Comm (ref to party only) by PAC  Sized Activity or Event Year-To-Date  251695.39  |
|                | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City DENVER Purpose of Disbursement: BANKERS TRUST CC PAYMENT: COMMU  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  40.81  | State CO NICATIONS (       | Zip Code<br>80202<br>CONSULTING  | Category/<br>Type                                       | Allocated Adn Vote Pub Allocat     | Activity or Event:  Ininistrative Fundraising Exempt  Per Drive Direct Candidate Support  Silic Comm (ref to party only) by PAC  Fied Activity or Event Year-To-Date  251695.39  Mod   |
|                | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City DENVER  Purpose of Disbursement: BANKERS TRUST CC PAYMENT: COMMU  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  | State CO NICATIONS (       | Zip Code<br>80202<br>CONSULTING  | Category/<br>Type SHARE 153.54                          | Allocated Adn Vote Pub Allocat     | Activity or Event:  Ininistrative Fundraising Exempt  Per Drive Direct Candidate Support  Silic Comm (ref to party only) by PAC  Fied Activity or Event Year-To-Date  251695.39  Mod   |
|                | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City DENVER Purpose of Disbursement: BANKERS TRUST CC PAYMENT: COMMU  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  40.81   | State CO NICATIONS O       | n ID : H4.14610  Zip Code 80202  CONSULTING  NONFEDERAL                      | Category/<br>Type SHARE 153.54                          | Allocated  Adn  Vote  Pub  Allocat | Activity or Event:  Ininistrative Fundraising Exempt  Per Drive Direct Candidate Support  Silic Comm (ref to party only) by PAC  Fied Activity or Event Year-To-Date  251695.39  TOTAL AMOUNT  194.35  |
| sı             | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS Mailing Address 1801 CALIFORNIA ST  City DENVER Purpose of Disbursement: BANKERS TRUST CC PAYMENT: COMMU  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  40.81  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE  0.00  OTAL This Period (last page for each line on | State CO NICATIONS (       | n ID : H4.14610  Zip Code 80202  CONSULTING  NONFEDERAL  ais Page NONFEDERAL | Category/<br>Type SHARE 153.54 SHARE 0.00 NonFederal sh | Allocated  Adn  Vote  Pub  Allocat | TOTAL AMOUNT  Activity or Event:  Pundraising Exempt Exempt Exempt Direct Candidate Support Su |
| sı             | Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS  Mailing Address 1801 CALIFORNIA ST  City DENVER  Purpose of Disbursement: BANKERS TRUST CC PAYMENT: COMMU  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal SHARE  0.00   | State CO NICATIONS (       | Zip Code<br>80202<br>CONSULTING<br>NONFEDERAL                                | Category/<br>Type SHARE 153.54 SHARE 0.00 NonFederal sh | Allocated  Adn  Vote  Pub  Allocat | Activity or Event:  Ininistrative Fundraising Exempt  Fundraising  |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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|------|------|-----|----|------|----|
| FOR  | LINE | 21a | OF | FORM | 3X |

| R          | EPUBLICAN PARTY OF IOWA  |             |  |  |   |
|------------|--|-------------|--|--|---|
| A.         | Full Name (Last, First, Middle Initial)  | Transactio  | n ID : H4.14619  |  | Allocated Activity or Event:  |
|            | IOWA EVENTS CENTER   |             |  |  | Administrative Fundraising Exem   |
|            | Mailing Address 730 THIRD ST   |             |  |  | Voter Drive Direct Candidate Suppo  |
|            | City   | State       | Zip Code   |  | Public Comm (ref to party only) by PAC  |
|            | DES MOINES   | IA          | 50309  |  | - Allocated Activity or Event Year-To-Date  |
|            | Purpose of Disbursement:<br>CHASE CC PAYMENT: FACILITY RENTAL  |             |  |  | 270695.39   |
|            | Activity or Event Identifier: Administrative   |             |  | Category/<br>Type  | Date 05 31 2014   |
|            | [MEMO ITEM]  |             |  | туре   | Date 05 31 2014   |
|            | FEDERAL SHARE  | +           | NONFEDERAL   | SHARE  | = TOTAL AMOUNT  |
|            | 3990.00  |             | , , ,  | 15010.00   | 19000.00  |
| В.         | Full Name (Last, First, Middle Initial)  | Transaction | n ID : H4.14606  |  | Allocated Activity or Event:  |
|            | RED CURVE SOLUTIONS  Mailing Address 500 CUMMINGS CENTER   |             |  |  | Administrative Fundraising Exem   |
|            | SUITE 4400   |             |  |  | Voter Drive Direct Candidate Suppo  |
|            | City<br>BEVERLY  | State       | Zip Code   |  | Public Comm (ref to party only) by PAC  |
|            | Purpose of Disbursement:   | MA          | 01915  |  | Allocated Activity or Event Year-To-Date  |
|            | COMPLIANCE CONSULTING  |             |  |  | 273523.39   |
|            | Activity or Event Identifier:<br>Administrative  |             |  | Category/<br>Type  | Date 06 03 2014   |
|            | FEDERAL SHARE  | +           | NONEEDEDAL   | 0  |   |
|            | FEDERAL SHARE  | т           | NONFEDERAL   | SHARE  | TOTAL AMOUNT  |
|            | 593.88   |             | NONFEDERAL   | 2234.12  | = TOTAL AMOUNT  2828.00   |
| <u></u>    |  |             | n ID : H4.14611  |  |   |
| <u></u>    | Full Name (Last, First, Middle Initial) THE DANA COMPANY   |             | 7 7  |  | 2828.00   |
| C.         | 593.88  Full Name (Last, First, Middle Initial)  |             | 7 7  |  | 2828.00  Allocated Activity or Event:   |
| c.         | Full Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City  | Transactio  | n ID : H4.14611<br>Zip Code  | 2234.12  | Allocated Activity or Event:  Administrative Fundraising Exem   |
| c.         | Full Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES   | Transactio  | n ID : H4.14611  | 2234.12  | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Suppo   |
| C.         | Full Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES  Purpose of Disbursement: INSURANCE   | Transactio  | n ID : H4.14611<br>Zip Code  | 2234.12  | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Suppo   |
| <u>C.</u>  | Full Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES Purpose of Disbursement:  | Transactio  | n ID : H4.14611<br>Zip Code  | 2234.12  | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Suppo  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date   |
| c.         | Full Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES Purpose of Disbursement: INSURANCE  Activity or Event Identifier: Administrative  | State IA    | n ID : H4.14611  Zip Code 50325-824                                  | 2234.12  5  Category/ Type   | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  273898.24  Date 06 04 04 2014                    |
| C.         | Full Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES  Purpose of Disbursement: INSURANCE  Activity or Event Identifier:  | Transactio  | n ID : H4.14611<br>Zip Code  | 2234.12  5  Category/ Type   | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  273898.24  |
| <u>с</u> . | Full Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES Purpose of Disbursement: INSURANCE  Activity or Event Identifier: Administrative  | State IA    | n ID : H4.14611  Zip Code 50325-824                                  | 2234.12  5  Category/ Type  SHARE  | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  273898.24  Date 06 04 2014                       |
|            | Full Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES Purpose of Disbursement: INSURANCE  Activity or Event Identifier: Administrative  | State IA +  | n ID : H4.14611  Zip Code 50325-824  NONFEDERAL                      | 2234.12  5  Category/ Type  SHARE  296.13                                | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  273898.24  Date 06 04 2014                       |
|            | Full Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES Purpose of Disbursement: INSURANCE  Activity or Event Identifier: Administrative  FEDERAL SHARE  78.72  | State IA +  | n ID : H4.14611  Zip Code 50325-824  NONFEDERAL                      | 2234.12  5  Category/ Type  SHARE  296.13                                | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  273898.24  Date Mo6 O4 2014  TOTAL AMOUNT        |
| sı         | Full Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES Purpose of Disbursement: INSURANCE Activity or Event Identifier: Administrative  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE  672.60   | State IA +  | n ID : H4.14611  Zip Code 50325-824  NONFEDERAL  iis Page NONFEDERAL | 2234.12<br>5<br>Category/<br>Type<br>SHARE<br>296.13<br>SHARE<br>2530.25 | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  273898.24  Date 06 04 2014  TOTAL AMOUNT  374.85 |
| sı         | FUII Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES Purpose of Disbursement: INSURANCE  Activity or Event Identifier: Administrative  FEDERAL SHARE  78.72  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE   | State IA +  | n ID : H4.14611  Zip Code 50325-824  NONFEDERAL  iis Page NONFEDERAL | Category/<br>Type  SHARE  296.13  SHARE  2530.25  NonFederal sh          | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  273898.24  Date 06 04 2014  TOTAL AMOUNT  374.85 |
| sı         | FUII Name (Last, First, Middle Initial) THE DANA COMPANY Mailing Address 12345 UNIVERSITY  City DES MOINES Purpose of Disbursement: INSURANCE  Activity or Event Identifier: Administrative  FEDERAL SHARE  78.72  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE  672.60  OTAL This Period (last page for each line only | State IA +  | n ID : H4.14611  Zip Code 50325-824  NONFEDERAL  iis Page NONFEDERAL | Category/<br>Type  SHARE  296.13  SHARE  2530.25  NonFederal sh          | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  273898.24  Date 06 04 2014  TOTAL AMOUNT  374.85 |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R               | EPUBLICAN PARTY OF IOWA  | ¬  |   |   |  |
|-----------------|--|--|---|---|--|
| A.              | Full Name (Last, First, Middle Initial)  | Transactio                                   | n ID : H4.14667                             |   | Allocated Activity or Event:   |
|                 | SARAH BROOKS   |  |   |   | Administrative Fundraising Exemp   |
|                 | Mailing Address 2811 E 14TH STREET<br>BOX 31B  |  |   |   | Voter Drive Direct Candidate Support   |
|                 | City   | State  | Zip Code                                    |   | Public Comm (ref to party only) by PAC   |
|                 | DES MOINES   | IA   | 50316                                       |   | - Allocated Activity or Event Year-To-Date   |
|                 | Purpose of Disbursement: ADMINISTRATIVE CONSULTING   |  |   |   | 274398.24  |
|                 | Activity or Event Identifier: Administrative   |  |   | Category/<br>Type                               | Date 06 / 04 / 2014  |
|                 | FEDERAL SHARE  | +  | NONFEDERAL                                  | SHARE   | = TOTAL AMOUNT   |
|                 | 105.00   |  | 7 1 1 7                                     | 395.00  | 500.00   |
| <u> —</u><br>В. | Full Name (Last, First, Middle Initial)  | Transaction                                  | n ID : H4.14571                             |   | Allocated Activity or Event:   |
|                 | KABEL BUSINESS SERVICES  |  |   |   | Administrative Fundraising Exemp   |
|                 | Mailing Address 1454 30TH STREET SUIT  | E 202  |   |   | Voter Drive Direct Candidate Suppor  |
|                 | City   | State  | Zip Code                                    |   | Public Comm (ref to party only) by PAC   |
|                 | WEST DES MOINES  | IA   | 50266                                       |   | Allocated Activity or Event Year-To-Date   |
|                 | Purpose of Disbursement:<br>SEE BELOW: PAYROLL: <25% FED   |  |   |   | 306912.92  |
|                 | Activity or Event Identifier:<br>Administrative  |  |   | Category/                                       | Data 06 05 2014  |
|                 |  |  |   | Type  | Date 06 03 2014  |
|                 |  |  |   |   |  |
|                 | FEDERAL SHARE  | +  | NONFEDERAL                                  | SHARE   | = TOTAL AMOUNT   |
|                 | FEDERAL SHARE 6828.08  |  | NONFEDERAL                                  | SHARE<br>25686.60                               | = TOTAL AMOUNT 32514.68  |
| <u></u>         | 6828.08  |  | NONFEDERAL                                  |   | 32514.68  Allocated Activity or Event:   |
| c.              | 6828.08  Full Name (Last, First, Middle Initial)   |  | 7 7   |   | 32514.68   |
| c.              | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City  | Transactio                                   | n ID : H4.14572<br>Zip Code                 |   | Allocated Activity or Event:  Administrative Fundraising Exemp   |
| <u>c.</u>       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT Mailing Address 2400 HICKMAN ROAD #67 City DES MOINES   | Transactio                                   | n ID : H4.14572                             |   | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  |
| <u> </u>        | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  | Transactio                                   | n ID : H4.14572<br>Zip Code                 |   | Allocated Activity or Event:  X Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  |
| C.              | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement:   | Transactio                                   | n ID : H4.14572<br>Zip Code                 | 25686.60<br>Category/                           | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  322196.40   |
| c.              | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]   | Transactio                                   | n ID : H4.14572<br>Zip Code                 | 25686.60  | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  322196.40   |
| c.              | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  | Transactio                                   | n ID : H4.14572<br>Zip Code                 | 25686.60  Category/ Type                        | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  322196.40   |
| C.              | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]   | State IA                                     | Zip Code<br>50310                           | 25686.60  Category/ Type                        | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  322196.40  Date 06 / 05 / 2014                         |
|                 | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  3209.53   | State IA +                                   | n ID : H4.14572  Zip Code 50310  NONFEDERAL | 25686.60  Category/ Type  SHARE  12073.95       | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  322196.40  Date 06 05 2014  TOTAL AMOUNT               |
|                 | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal SHARE | State IA +                                   | zip Code<br>50310                           | Category/<br>Type<br>SHARE<br>12073.95          | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  322196.40  Date 06 05 2014  TOTAL AMOUNT                |
|                 | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  3209.53   | State IA +                                   | n ID : H4.14572  Zip Code 50310  NONFEDERAL | 25686.60  Category/ Type  SHARE  12073.95       | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  322196.40  Date 06 05 2014  TOTAL AMOUNT               |
| SI              | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal SHARE | State IA + + + + + + + + + + + + + + + + + + | Zip Code<br>50310<br>NONFEDERAL             | Category/<br>Type SHARE 12073.95 SHARE 26081.60 | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  322196.40  Date 06 / 05 / 2014  TOTAL AMOUNT  15283.48 |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R          | EPUBLICAN PARTY OF IOWA   | ٦ .  |  |   |   |
|------------|---|--|--|---|---|
| A.         | Full Name (Last, First, Middle Initial)   | Transactio                                       | n ID : H4.14573  |   | Allocated Activity or Event:  |
|            | JOHN FERLAND  |  |  |   | Administrative Fundraising Exemp  |
|            | Mailing Address 4902 UNIVERSITY AVE APT 205   |  |  |   | Voter Drive Direct Candidate Suppo  |
|            | City  | State  | Zip Code   |   | Public Comm (ref to party only) by PAC  |
|            | DES MOINES Purpose of Disbursement:   | IA   | 50311  |   | - Allocated Activity or Event Year-To-Date  |
|            | ITĖMIZE: PAYROLL: <25% FED  |  |  |   | 324356.76   |
|            | Activity or Event Identifier: Administrative  |  |  | Category/<br>Type                                       | Date 06 05 2014   |
|            | [MEMO ITEM]   |  |  |   | Date  |
|            | FEDERAL SHARE   | +  | NONFEDERAL   | SHARE   | = TOTAL AMOUNT  |
|            | 453.68  |  | , , ,  | 1706.68   | 2160.36   |
| В.         | Full Name (Last, First, Middle Initial)   | Transaction                                      | n ID : H4.14574  |   | Allocated Activity or Event:  |
|            | KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  | = 202  |  |   | Administrative Fundraising Exemp  |
|            | 1454 30TH STREET SUITE  | = 202  |  |   | Voter Drive Direct Candidate Suppo  |
|            | City  | State  | Zip Code   |   | Public Comm (ref to party only) by PAC  |
|            | WEST DES MOINES  Purpose of Disbursement:   | IA   | 50266  |   | Allocated Activity or Event Year-To-Date  |
|            | ITEMIZE: PAYROLL FEE: <25% FED  |  |  |   | 324417.59   |
|            | Activity or Event Identifier:<br>Administrative   |  |  | Category/   | Date 06 05 2014   |
|            | [MEMO ITEM]   |  |  | Type  | Date 06 05 2014   |
|            |   |  |  |   |   |
|            | FEDERAL SHARE   | +  | NONFEDERAL   | SHARE   | = TOTAL AMOUNT  |
|            | FEDERAL SHARE   |  | NONFEDERAL   | SHARE<br>48.06  | = TOTAL AMOUNT 60.83  |
| <u>.</u>   | Tull Name (Last, First, Middle Initial)   |  | NONFEDERAL<br>n ID : H4.14575  |   | Allocated Activity or Event:  |
| <u>c</u> . | 12.77   | Transactio                                       | 7 7  |   | 60.83   |
| <u>c.</u>  | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES   | Transactio                                       | 7 7  |   | Allocated Activity or Event:  Administrative Fundraising Exempt   |
| c.         | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES  | Transactio                                       | n ID : H4.14575  |   | Allocated Activity or Event:  Administrative Fundraising Exemply  Voter Drive Direct Candidate Suppo  |
| C.         | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City  | Transactio                                       | n ID : H4.14575<br>Zip Code  |   | Allocated Activity or Event:  Administrative Fundraising Exemply  Voter Drive Direct Candidate Suppo  |
| <u>C</u> . | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement:   | Transactio                                       | n ID : H4.14575<br>Zip Code  | 48.06  Category/  | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  324627.59   |
| c.         | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier:   | Transactio                                       | n ID : H4.14575<br>Zip Code  | 48.06   | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  324627.59   |
| C.         | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative  | Transactio                                       | n ID : H4.14575<br>Zip Code  | Category/<br>Type                                       | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  324627.59   |
| c.         | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]   | Transaction  E 202  State IA                     | In ID: H4.14575  Zip Code 50266  | Category/<br>Type                                       | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  324627.59  Date 06 / 05 / 2014                                    |
|            | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  44.10  | Transaction  E 202  State IA                     | n ID : H4.14575  Zip Code 50266  NONFEDERAL  | Category/<br>Type                                       | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  324627.59  Date 06 05 2014  TOTAL AMOUNT                          |
|            | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  | Transaction  E 202  State IA                     | n ID : H4.14575  Zip Code 50266  NONFEDERAL  | Category/<br>Type SHARE 165.90                          | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  324627.59  Date 06 05 2014  TOTAL AMOUNT                          |
|            | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  44.10   | Transactio  E 202  State IA  +                   | n ID : H4.14575  Zip Code 50266  NONFEDERAL  | Category/<br>Type SHARE 165.90                          | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  324627.59  Date 06 05 2014  TOTAL AMOUNT                          |
| sı         | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  44.10  DTAL This Period (last page for each line on     | Transaction  E 202  State IA  +  ral Activity Tr | n ID : H4.14575  Zip Code 50266  NONFEDERAL  ais Page NONFEDERAL   | Category/<br>Type SHARE 165.90 SHARE 0.00 NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Suppo  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  324627.59  Date 06 05 2014  TOTAL AMOUNT  10.00  are to 21(a)(ii)) |
| sı         | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal SHARE  0.00 | Transaction  E 202  State IA  +  ral Activity Tr | n ID : H4.14575  Zip Code 50266  NONFEDERAL  July State of the state o | Category/<br>Type SHARE 165.90 SHARE 0.00 NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  324627.59  Date 06 / 05 / 2014  TOTAL AMOUNT  210.00              |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R              | EPUBLICAN PARTY OF IOWA  | ١   |   |   |  |
|----------------|--|---|---|---|--|
| A.             | Full Name (Last, First, Middle Initial)  |   | n ID : H4.14576   |   | Allocated Activity or Event:   |
|                | UNITED STATES TREASURY   |   |   |   | Administrative Fundraising Exempt  |
|                | Mailing Address INTERNAL REVENUE SER   | VICE CENTI                                  | ≣R  |   | Voter Drive Direct Candidate Support   |
|                | City   | State                                       | Zip Code  |   | Public Comm (ref to party only) by PAC   |
|                | KANSAS CITY  | МО  | 64999   |   | - Allocated Activity or Event Year-To-Date   |
|                | Purpose of Disbursement:<br>ITEMIZE: PAYROLL TAXES: <25% FED   |   |   |   | 333263.75  |
|                | Activity or Event Identifier: Administrative   |   |   | Category/<br>Type                                       | Date 06 05 2014  |
|                | [MEMO ITEM]  |   |   | , , , , , , , , , , , , , , , , , , ,                   | Date   |
|                | FEDERAL SHARE  | +   | NONFEDERAL  | SHARE   | = TOTAL AMOUNT   |
|                | 1813.59  |   | 7   | 6822.57   | 8636.16  |
| <u>—</u><br>В. | Full Name (Last, First, Middle Initial)  | Transactio                                  | n ID : H4.14577   |   | Allocated Activity or Event:   |
|                | TREASURER, STATE OF IOWA   |   |   |   | Administrative Fundraising Exempt  |
|                | Mailing Address HOOVER OFFICE BUILDIN  | IG  |   |   | Voter Drive Direct Candidate Support   |
|                | City   | State                                       | Zip Code  |   | Public Comm (ref to party only) by PAC   |
|                | DES MOINES   | IA  | 50319   |   | Allocated Activity or Event Year-To-Date   |
|                | Purpose of Disbursement:<br>ITEMIZE: PAYROLL TAXES: <25% FED   |   |   |   | 334908.73  |
|                | Activity or Event Identifier:<br>Administrative  |   |   | Category/   | M M / D D / Y Y Y Y Y  |
|                | [МЕМО ІТЕМ]  |   |   | Type  | Date 06 05 2014  |
|                |  |   |   |   |  |
|                | FEDERAL SHARE  | +   | NONFEDERAL  | SHARE   | = TOTAL AMOUNT   |
|                | FEDERAL SHARE 345.45   |   | NONFEDERAL  | 1299.53   | TOTAL AMOUNT   |
| C.             | 345.45   |   | NONFEDERAL  |   | Allocated Activity or Event:   |
| <u></u>        | 345.45  Full Name (Last, First, Middle Initial)  | Transactio                                  | 7 7   |   | 1644.98  |
| C.             | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA City  | Transaction D State                         | In ID : H4.14578  |   | Allocated Activity or Event:  Administrative Fundraising Exempt  |
| c.             | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES   | <b>Transactio</b>                           | n ID : H4.14578   |   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  |
| C.             | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  | Transaction D State                         | In ID : H4.14578  |   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  |
| c.             | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement:  | Transaction D State                         | In ID : H4.14578  | 1299.53<br>Category/                                    | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  335325.40   |
| c.             | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]   | Transaction D State                         | Zip Code<br>50265   | 1299.53  Category/ Type                                 | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  335325.40   |
| c.             | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  | Transaction D State                         | In ID : H4.14578  | 1299.53  Category/ Type                                 | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  335325.40   |
| c.             | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]   | Transaction  D  State IA                    | Zip Code<br>50265   | 1299.53  Category/ Type                                 | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  335325.40  Date 06 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y     |
|                | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  87.50  | Transaction  D  State IA                    | Zip Code<br>50265   | Category/<br>Type                                       | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  335325.40  Date 06 05 2014                                      |
|                | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  | Transaction  D  State IA                    | Zip Code<br>50265   | Category/<br>Type SHARE 329.17                          | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  335325.40  Date 06 05 2014                                      |
|                | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  87.50  JBTOTAL of Allocated Federal and NonFeder      | Transaction  D  State IA  +                 | zip Code<br>50265<br>NONFEDERAL                                       | Category/<br>Type SHARE 329.17                          | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  335325.40  Date 06 05 2014  TOTAL AMOUNT                        |
| SI             | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  0.00  DTAL This Period (last page for each line only | Transaction  D  State IA  +  al Activity Tr | Zip Code 50265  NONFEDERAL  iis Page NONFEDERAL  nare to 21(a)(i) and | Category/<br>Type SHARE 329.17 SHARE 0.00 NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  335325.40  TOTAL AMOUNT  TOTAL AMOUNT  10.00  are to 21(a)(ii)) |
| SI             | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  10.00  | Transaction  D  State IA  +  al Activity Tr | Zip Code<br>50265<br>NONFEDERAL                                       | Category/<br>Type SHARE 329.17 SHARE 0.00 NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  335325.40  Date 06 05 2014  TOTAL AMOUNT  416.67                |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| K               | EPUBLICAN PARTY OF IOWA   | 4  |   |   |  |   |
|-----------------|---|--|---|---|--|---|
| A.              | Full Name (Last, First, Middle Initial)   | Transactio                                     | n ID : H4.14579                             |   |  | tivity or Event:  |
|                 | ANDREW SELDEN   |  |   |   | X Adminis  | trative Fundraising Exempt  |
|                 | Mailing Address 686 63RD ST   |  |   |   | Voter D  | rive Direct Candidate Support   |
|                 | City  | State  | Zip Code                                    |   | Public 0   | Comm (ref to party only) by PAC   |
|                 | DES MOINES  | IA   | 50312                                       |   | Allocated A  | Activity or Event Year-To-Date  |
|                 | Purpose of Disbursement:<br>ITEMIZE: PAYROLL: <25% FED  |  |   |   |  | 336597.40   |
|                 | Activity or Event Identifier: Administrative  |  |   | Category/   |  | 6 05 2014   |
|                 | [МЕМО ІТЕМ]   |  |   | Туре  | Date   | 0 05 2014   |
|                 | FEDERAL SHARE   | +  | NONFEDERAL                                  | SHARE   | =  | TOTAL AMOUNT  |
|                 | 267.12  |  | 7   | 1004.88   |  | 1272.00   |
| <u> —</u><br>В. | Full Name (Last, First, Middle Initial)   | Transaction                                    | n ID : H4.14580                             |   | Allocated Act  | tivity or Event:  |
|                 | DANNY CARROLL   |  |   |   | X Adminis  | trative Fundraising Exempt  |
|                 | Mailing Address 169 - 410TH AVENUE  |  |   |   | Voter D  | rive Direct Candidate Support   |
|                 | City  | State  | Zip Code                                    |   | Public 0   | Comm (ref to party only) by PAC   |
|                 | GRINNELL  | IA   | 50112-0000                                  | )   |  | Activity or Event Year-To-Date  |
|                 | Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED   |  |   |   |  | 338055.73   |
|                 | Activity or Event Identifier: Administrative  |  |   | Category/   | M  |   |
|                 |   |  |   | Type  | Date 0   |   |
|                 | [MEMO ITEM]   |  |   | • • •   |  |   |
|                 | FEDERAL SHARE   | +  | NONFEDERAL                                  | SHARE   | =  | TOTAL AMOUNT  |
|                 |   |  | NONFEDERAL                                  | SHARE<br>1152.08  |  | TOTAL AMOUNT<br>1458.33   |
| C.              | FEDERAL SHARE   |  | NONFEDERAL  7 n ID : H4.14581               |   |  |   |
| <u></u>         | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER   | Transactio                                     | 7 7   |   |  | 1458.33<br>tivity or Event:   |
| <u>c</u> .      | FEDERAL SHARE 306.25  Full Name (Last, First, Middle Initial)   | Transactio                                     | n ID : H4.14581                             |   | Allocated Act  | tivity or Event: trative Fundraising Exempt   |
| c.              | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City   | Transactio UE State                            | n ID : H4.14581  Zip Code                   |   | Allocated Act  Adminis  Voter D                        | tivity or Event: trative Fundraising Exempt   |
| c.              | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  | Transactio                                     | n ID : H4.14581                             |   | Allocated Act Adminis Voter D Public C                 | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support   |
| c.              | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED   | Transactio UE State                            | n ID : H4.14581  Zip Code                   |   | Allocated Act Adminis Voter D Public C                 | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support Comm (ref to party only) by PAC   |
| C.              | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement:  | Transactio UE State                            | n ID : H4.14581  Zip Code                   | 1152.08<br>Category/                                    | Allocated Act Adminis Voter D Public C Allocated A     | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support Comm (ref to party only) by PAC Activity or Event Year-To-Date 338467.02  |
| <u>c.</u>       | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier:  | Transactio UE State                            | n ID : H4.14581  Zip Code                   | 1152.08   | Allocated Act Adminis Voter D Public C                 | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support Comm (ref to party only) by PAC Activity or Event Year-To-Date 338467.02  |
| с.              | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative   | Transactio UE State                            | n ID : H4.14581  Zip Code                   | Category/<br>Type                                       | Allocated Act  Adminis  Voter D  Public C  Allocated A | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support Comm (ref to party only) by PAC Activity or Event Year-To-Date 338467.02  |
| c.              | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  | Transactio  JE  State IA                       | Zip Code<br>50311                           | Category/<br>Type                                       | Allocated Act  Adminis  Voter D  Public C  Allocated A | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support Comm (ref to party only) by PAC Activity or Event Year-To-Date 338467.02  |
|                 | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE   | Transactio UE State IA                         | Zip Code<br>50311                           | Category/<br>Type                                       | Allocated Act  Adminis  Voter D  Public C  Allocated A | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support Comm (ref to party only) by PAC Activity or Event Year-To-Date 338467.02  TOTAL AMOUNT                            |
|                 | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE   | Transactio UE State IA                         | Zip Code<br>50311                           | Category/<br>Type<br>SHARE<br>324.92                    | Allocated Act  Adminis  Voter D  Public C  Allocated A | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support Comm (ref to party only) by PAC Activity or Event Year-To-Date 338467.02  TOTAL AMOUNT                            |
|                 | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  86.37  | Transactio  JE  State IA  +  ral Activity Th   | n ID : H4.14581  Zip Code 50311  NONFEDERAL | Category/<br>Type<br>SHARE<br>324.92                    | Allocated Act  Adminis  Voter D  Public C  Allocated A | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support Comm (ref to party only) by PAC Activity or Event Year-To-Date 338467.02  TOTAL AMOUNT 411.29                     |
| SI              | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  306.25  FUNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE | Transactio  JE  State IA  +  ral Activity Th + | Zip Code<br>50311<br>NONFEDERAL             | Category/<br>Type<br>SHARE<br>324.92<br>SHARE<br>0.00   | Allocated Act  Adminis  Voter D  Public C  Allocated A | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support Comm (ref to party only) by PAC Activity or Event Year-To-Date 338467.02  TOTAL AMOUNT  411.29  TOTAL AMOUNT 0.00 |
| SI              | FEDERAL SHARE  306.25  Full Name (Last, First, Middle Initial) ERIC T BAKER  Mailing Address 3519 UNIVERSITY AVENUAPT 404  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  306.25  PURPOSE OF DISBURSEMENT: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  0.000                                     | Transactio  JE  State IA  +  ral Activity Th + | Zip Code<br>50311<br>NONFEDERAL             | Category/<br>Type SHARE 324.92 SHARE 0.00 NonFederal sh | Allocated Act  Adminis  Voter D  Public C  Allocated A | tivity or Event: trative Fundraising Exempt rive Direct Candidate Support Comm (ref to party only) by PAC Activity or Event Year-To-Date 338467.02  TOTAL AMOUNT  411.29  TOTAL AMOUNT 0.00 |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| К  | EPUBLICAN PARTY OF IOWA  | 1                |                       |  |   |
|----|--|------------------|-----------------------|--|---|
| Α. | Full Name (Last, First, Middle Initial)                            | Transaction      | n ID : H4.14582       |  | Allocated Activity or Event:  |
|    | ANDREW G SPYROW  |                  |                       |  | Administrative Fundraising Exempt                                       |
|    | Mailing Address 3134 LINDSEY COURT                                 |                  |                       |  | Voter Drive Direct Candidate Support                                    |
|    | City   | State            | Zip Code              |  | Public Comm (ref to party only) by PAC                                  |
|    | BETTENDORF   | IA               | 52722                 | T  | Allocated Activity or Event Year-To-Date                                |
|    | Purpose of Disbursement:<br>ITEMIZE: PAYROLL: <25% FED             |                  |                       |  | 338878.31   |
|    | Activity or Event Identifier: Administrative                       |                  |                       | Category/                                    | M - M / D - D / Y - Y - Y - Y   |
|    | [МЕМО ІТЕМ]  |                  |                       | Type   | Date 06 05 2014   |
|    | FEDERAL SHARE  | +                | NONFEDERAL            | SHARE  | = TOTAL AMOUNT  |
|    | 86.37  |                  | 7 7                   | 324.92                                       | 411.29  |
| В. | Full Name (Last, First, Middle Initial) ALEXANDER S LATCHAM        | Transaction      | ı ID : H4.14583       |  | Allocated Activity or Event:  Administrative Fundraising Exempt         |
|    | Mailing Address 7260 SUNRISE BLVD                                  |                  |                       |  | Administrative Fundraising Exempt  Voter Drive Direct Candidate Support |
|    | City   | State            | Zip Code              |  | Public Comm (ref to party only) by PAC                                  |
|    | WINDSOR HEIGHTS  | IA               | 50324                 |  | Allocated Activity or Event Year-To-Date                                |
|    | Purpose of Disbursement:<br>ITEMIZE: PAYROLL: <25% FED             |                  |                       |  | 339427.60   |
|    | Activity or Event Identifier:<br>Administrative                    |                  |                       | Category/                                    | M M / D D / Y Y Y Y Y   |
|    | [MEMO ITEM]  |                  |                       | Type   | Date 06 05 2014   |
|    | FEDERAL SHARE  | +                | NONFEDERA             | SHARE  | = TOTAL AMOUNT  |
|    | 115.35   |                  | 7 1 7                 | 433.94                                       | 549.29  |
| C. | Full Name (Last, First, Middle Initial) TIMES-REPUBLICAN           | Transaction      | n ID : H4.14612       |  | Allocated Activity or Event:  Administrative Fundraising Exempt         |
|    | Mailing Address P.O. BOX 1300<br>135 W MAIN ST                     |                  |                       |  | Voter Drive Direct Candidate Support                                    |
|    | City   | State            | Zip Code              |  | Public Comm (ref to party only) by PAC                                  |
|    | MARSHALLTOWN   | IA               | 50158                 |  | Allocated Activity or Event Year-To-Date                                |
|    | Purpose of Disbursement:<br>CHASE CC PAYMENT: PRINTING & DESIG     | N SERVICES       | }                     |  | 340885.09   |
|    | Activity or Event Identifier: Administrative                       |                  |                       | Category/                                    | Deta 06 05 2014   |
|    |  |                  |                       | Typo   |   |
|    | [MEMO ITEM]  |                  |                       | Туре   | Date 06 05 2014   |
|    | [MEMO ITEM] FEDERAL SHARE  | +                | NONFEDERAL            | 1  | = TOTAL AMOUNT  |
|    |  | <u> </u>         | NONFEDERAL            | 1  | Date  |
| SI | FEDERAL SHARE  |                  |                       | SHARE  | = TOTAL AMOUNT  |
| sı | FEDERAL SHARE 306.07   |                  |                       | . SHARE<br>1151.42                           | = TOTAL AMOUNT  |
| sı | FEDERAL SHARE  306.07  JBTOTAL of Allocated Federal and NonFederal | ral Activity Th  | is Page               | . SHARE<br>1151.42                           | = TOTAL AMOUNT 1457.49  |
|    | JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE            | ral Activity Thi | is Page<br>NONFEDERAL | SHARE  1151.42  SHARE  0.00  d NonFederal sh | TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT  0.00                          |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R        | <b>EPUBLICAN PARTY OF IOWA</b>   |                      |  |   |  |
|----------|--|----------------------|--|---|--|
| A.       | Full Name (Last, First, Middle Initial)  | Transactio           | n ID : H4.14620  |   | Allocated Activity or Event:   |
|          | IOWA EVENTS CENTER   |                      |  |   | Administrative Fundraising Exem  |
|          | Mailing Address 730 THIRD ST   |                      |  |   | Voter Drive Direct Candidate Supp  |
|          | City   | State                | Zip Code   |   | Public Comm (ref to party only) by PAC   |
|          | DES MOINES   | IA                   | 50309  |   | - Allocated Activity or Event Year-To-Date   |
|          | Purpose of Disbursement:<br>CHASE CC PAYMENT: FACILITY RENTAL  |                      |  |   | 344231.27  |
|          | Activity or Event Identifier: Administrative   |                      |  | Category/   | Date 06 05 2014  |
|          | [MEMO ITEM]  |                      |  | Туре  | Date 06 05 2014  |
|          | FEDERAL SHARE  | +                    | NONFEDERAL   | SHARE   | = TOTAL AMOUNT   |
|          | 702.70   |                      | , , ,  | 2643.48   | 3346.18  |
| В.       | Full Name (Last, First, Middle Initial)  | Transaction          | n ID : H4.14613  |   | Allocated Activity or Event:   |
|          | TIMES-REPUBLICAN   |                      |  |   | Administrative Fundraising Exem  |
|          | Mailing Address P.O. BOX 1300  |                      |  |   | Voter Drive Direct Candidate Supp  |
|          | City   | State                | Zip Code   |   | Public Comm (ref to party only) by PAC   |
|          | MARSHALLTOWN   | IA                   | 50158  |   | - Allocated Activity or Event Year-To-Date   |
|          | Purpose of Disbursement:<br>CHASE CC PAYMENT: PRINTING & DESIG   | N SERVICES           | <b>;</b>   |   | 344501.59  |
|          | Activity or Event Identifier:<br>Administrative  |                      |  | Category/   | M M / D D / Y Y Y Y Y  |
|          | [МЕМО ІТЕМ]  |                      |  | Type  | Date 06 09 2014  |
|          | FEDERAL SHARE  | +                    | NONFEDERAL   | SHARE   | = TOTAL AMOUNT   |
|          |  |                      | HOIN EDELINE   | OHAHL   | 101/12/11/100111   |
|          | 56.77  |                      | 7  | 213.55  | 270.32   |
| C.       |  |                      | n ID : H4.14614  |   | 270.32 Allocated Activity or Event:  |
| <u> </u> | 56.77  Full Name (Last, First, Middle Initial)   |                      | 7 7  |   | 270.32   |
| c.       | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City   | Transactio  State    | n ID : H4.14614  Zip Code                                |   | Allocated Activity or Event:  Administrative Fundraising Exem  |
| c.       | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE  | Transactio           | n ID : H4.14614  |   | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp   |
| c.       | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE  Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENT  | Transactio  State IL | n ID : H4.14614  Zip Code                                |   | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC   |
| c.       | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE Purpose of Disbursement:   | Transactio  State IL | n ID : H4.14614  Zip Code                                | 213.55  Category/   | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  345959.08  |
| C.       | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE  Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENT  Activity or Event Identifier: Administrative  | State IL             | Zip Code<br>60094  | 213.55  Category/ Type  | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  345959.08  |
| C.       | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE  Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENT  Activity or Event Identifier:   | Transactio  State IL | n ID : H4.14614  Zip Code                                | 213.55  Category/ Type  | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  345959.08  |
| C.       | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE  Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENT  Activity or Event Identifier: Administrative  | State IL             | Zip Code<br>60094  | 213.55  Category/ Type  | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  345959.08  |
|          | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENT Activity or Event Identifier: Administrative  FEDERAL SHARE  306.07   | State IL FRIES +     | n ID : H4.14614  Zip Code 60094  NONFEDERAL              | Category/<br>Type SHARE 1151.42                               | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  345959.08  Date 06 09 2014  TOTAL AMOUNT                         |
|          | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENT Activity or Event Identifier: Administrative  FEDERAL SHARE  306.07   | State IL TRIES       | Zip Code<br>60094  | Category/<br>Type SHARE 1151.42                               | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  345959.08  Date 06 09 2014                                       |
| sı       | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE  Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENT Activity or Event Identifier: Administrative  FEDERAL SHARE  306.07  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE  306.07 | State IL TRIES       | NONFEDERAL NONFEDERAL                                    | Category/<br>Type SHARE 1151.42 SHARE 1151.42                 | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  345959.08  Date 06 09 2014  TOTAL AMOUNT  1457.49                |
| sı       | Full Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENT Activity or Event Identifier: Administrative  FEDERAL SHARE  306.07  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE          | State IL TRIES       | NONFEDERAL NONFEDERAL                                    | Category/<br>Type SHARE 1151.42 SHARE 1151.42 I NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exem  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  345959.08  Date 06 09 2014  TOTAL AMOUNT  1457.49                |
| sı       | FUIL Name (Last, First, Middle Initial) CHASE CARD SERVICES Mailing Address PO BOX 93014  City PALATINE Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENT Activity or Event Identifier: Administrative  FEDERAL SHARE  306.07  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE  306.07  | State IL TRIES       | Zip Code<br>60094<br>NONFEDERAL<br>is Page<br>NONFEDERAL | Category/<br>Type SHARE 1151.42 SHARE 1151.42 I NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exem Voter Drive Direct Candidate Supp Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 345959.08  Date 06 09 2014  TOTAL AMOUNT  1457.49  are to 21(a)(ii)) |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R        | EPUBLICAN PARTY OF IOW.   | A  |  |  |  |
|----------|---|--|--|--|--|
| A.       | Full Name (Last, First, Middle Initial)   | Transactio                                   | n ID : H4.14605                                |  | Allocated Activity or Event:   |
|          | XEROX CORPORATION  Mailing Address P. O. BOX 802567   |  |  |  | Administrative Fundraising Exemp   |
|          | P. O. BOX 802567  |  |  |  | Voter Drive Direct Candidate Suppor  |
|          | City  | State  | Zip Code                                       | _  | Public Comm (ref to party only) by PAC   |
|          | CHICAGO  Purpose of Disbursement:   | IL   | 60680-256                                      | /  | - Allocated Activity or Event Year-To-Date   |
|          | EQUIPMENT RENTAL  |  |  |  | 346698.75  |
|          | Activity or Event Identifier: Administrative  |  |  | Category/<br>Type  | Date 06 11 2014  |
|          | FEDERAL SHARE   | +  | NONFEDERAL                                     | SHARE  | = TOTAL AMOUNT   |
|          | 155.33  |  | 7 1 7  | 584.34   | 739.67   |
| В.       | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES   | Transaction                                  | n ID : H4.14596                                |  | Allocated Activity or Event:   |
|          | Mailing Address 1454 30TH STREET SUIT   | E 202  |  |  | Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  |
|          | City  | State  | Zip Code                                       |  | Public Comm (ref to party only) by PAC   |
|          | WEST DES MOINES   | IA   | 50266  |  | Allocated Activity or Event Year-To-Date   |
|          | Purpose of Disbursement:<br>SEE BELOW: PAYROLL: <25% FED  |  |  |  | 363423.68  |
|          | Activity or Event Identifier:<br>Administrative   |  |  | Catagony   | M = M / D = D / Y = Y = Y  |
|          | Administrative  |  |  | Category/<br>Type  | Date 06 13 2014  |
|          |   |  |  |  |  |
|          | FEDERAL SHARE   | +  | NONFEDERAL                                     | SHARE  | = TOTAL AMOUNT   |
|          | FEDERAL SHARE 3512.24   | ·  | NONFEDERAL                                     | SHARE<br>13212.69  | = TOTAL AMOUNT   |
| <u>.</u> | 3512.24   |  | NONFEDERAL                                     |  | Allocated Activity or Event:   |
| c.       | 3512.24  Full Name (Last, First, Middle Initial)  |  | 7 7  |  | 16724.93   |
| c.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City   | Transactio                                   | n ID : H4.14597  Zip Code                      |  | Allocated Activity or Event:  Administrative Fundraising Exemp   |
| c.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  | Transactio                                   | n ID : H4.14597                                |  | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  |
| c.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED   | Transactio                                   | n ID : H4.14597  Zip Code                      |  | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  |
| c.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement:  | Transactio                                   | n ID : H4.14597  Zip Code                      | 13212.69  Category/  | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  374718.96   |
| <u> </u> | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier:  | Transactio                                   | n ID : H4.14597  Zip Code                      | 13212.69   | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  374718.96   |
| c.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative   | Transactio                                   | n ID : H4.14597  Zip Code                      | Category/<br>Type  | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  374718.96   |
| c.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  | State IA                                     | Zip Code<br>50310                              | Category/<br>Type  | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  374718.96   |
|          | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  2372.01  | State IA +                                   | n ID : H4.14597  Zip Code 50310  NONFEDERAL    | Category/<br>Type<br>SHARE<br>8923.27                        | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  374718.96  Date 06 13 2014  TOTAL AMOUNT            |
|          | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE   | State IA +                                   | Zip Code<br>50310                              | Category/<br>Type<br>SHARE<br>8923.27                        | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  374718.96  Date 06 13 2014  TOTAL AMOUNT  11295.28  |
| SI       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal SHARE  3667.57 | State IA + + + + + + + + + + + + + + + + + + | Zip Code 50310  NONFEDERAL  is Page NONFEDERAL | Category/<br>Type<br>SHARE<br>8923.27<br>SHARE<br>13797.03   | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  374718.96  Date 06 13 2014  TOTAL AMOUNT  11295.28 |
| SI       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  2372.01  JBTOTAL of Allocated Federal and NonFederal SHARE | State IA + + + + + + + + + + + + + + + + + + | Zip Code 50310  NONFEDERAL  is Page NONFEDERAL | Category/<br>Type SHARE 8923.27 SHARE 13797.03 NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  374718.96  Date 06 13 2014  TOTAL AMOUNT  11295.28 |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R          | EPUBLICAN PARTY OF IOWA   | 4  |  |   |  |  |
|------------|---|--|--|---|--|--|
| A.         | Full Name (Last, First, Middle Initial)   |  | n ID : H4.14598  |   |  | Activity or Event:   |
|            | KABEL BUSINESS SERVICE  |  |  |   | X Admi   | nistrative Fundraising Exempt  |
|            | Mailing Address 1454 30TH STREET SUIT   | E 202                                      |  |   | Voter  | Drive Direct Candidate Support   |
|            | City  | State                                      | Zip Code   |   | Publi  | c Comm (ref to party only) by PAC  |
|            | WEST DES MOINES  Purpose of Disbursement:   | IA   | 50266  |   | Allocate   | d Activity or Event Year-To-Date   |
|            | ITEMIZE: PAYROLL FEE: <25% FED  |  |  |   |  | 374758.16  |
|            | Activity or Event Identifier: Administrative  |  |  | Category/<br>Type                                       | Б. Г   | 06 13 2014   |
|            | [MEMO ITEM]   |  |  |   | Date   | 2014   |
|            | FEDERAL SHARE   | +  | NONFEDERAL   | SHARE   | =  | TOTAL AMOUNT   |
|            | 8.23  |  | , ,  | 30.97   |  | 39.20  |
| В.         | Full Name (Last, First, Middle Initial)   | Transaction                                | n ID : H4.14599  |   |  | Activity or Event:   |
|            | UNITED STATES TREASURY  Mailing Address INTERNAL REVENUE SE   | DVICE CENTE                                |  |   | Admi   |  |
|            | INTERNAL REVENUE SE   | RVICE CEINTE                               | :K   |   | Voter  | Drive Direct Candidate Support   |
|            | City  | State                                      | Zip Code   |   | Publi  | c Comm (ref to party only) by PAC  |
|            | KANSAS CITY  Purpose of Disbursement:   | МО   | 64999  |   | Allocate   | d Activity or Event Year-To-Date   |
|            | ITEMIZE: PAYROLL TAXES: <25% FED  |  |  |   |  | 379286.14  |
|            | Activity or Event Identifier:<br>Administrative   |  |  | Category/   |  | 06 13 2014   |
|            | [MEMO ITEM]   |  |  | Туре  | Date   | 00 13 2014   |
|            | EEDEDAL CHADE   | +  | NONFEDERAL   | CLIADE  | =  | TOTAL AMOUNT   |
|            | FEDERAL SHARE   |  | NONFEDERAL   | SHARE   |  | TOTAL AMOUNT   |
|            | 950.88  |  | NONFEDERAL   | 3577.10   |  | 4527.98  |
| c.         | 950.88  Full Name (Last, First, Middle Initial)   |  | n ID : H4.14600  |   | Allocated A  | 4527.98<br>Activity or Event:  |
| C.         | 950.88  | Transactio                                 | 7 7  |   | Allocated A  | 4527.98<br>Activity or Event:  |
| <u>c</u> . | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILDI City  | Transactio NG State                        | n ID : H4.14600<br>Zip Code                                      |   | Allocated A  | 4527.98  Activity or Event:  nistrative Fundraising Exempt   |
| c.         | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILD!  City DES MOINES  | <b>Transactio</b><br>NG                    | n ID : H4.14600  |   | Allocated Alloca | Activity or Event:  nistrative Fundraising Exempt  Drive Direct Candidate Support  |
| c.         | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILDI  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL TAXES: <25% FED   | Transactio NG State                        | n ID : H4.14600<br>Zip Code                                      |   | Allocated Alloca | Activity or Event: nistrative Fundraising Exempt Drive Direct Candidate Support c Comm (ref to party only) by PAC  |
| C.         | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILDI  City DES MOINES Purpose of Disbursement:   | Transactio NG State                        | n ID : H4.14600<br>Zip Code                                      | 3577.10<br>Category/                                    | Allocated Allocated Voter Public Allocate  | Activity or Event:  nistrative Fundraising Exempt  Drive Direct Candidate Support  c Comm (ref to party only) by PAC  d Activity or Event Year-To-Date  380148.61                                    |
| C.         | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILDI  City DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL TAXES: <25% FED  Activity or Event Identifier:   | Transactio NG State                        | n ID : H4.14600<br>Zip Code                                      | 3577.10   | Allocated Alloca | Activity or Event:  nistrative Fundraising Exempt  Drive Direct Candidate Support  c Comm (ref to party only) by PAC  d Activity or Event Year-To-Date  380148.61                                    |
| C.         | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILDI  City DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL TAXES: <25% FED  Activity or Event Identifier: Administrative  | Transactio NG State                        | n ID : H4.14600<br>Zip Code                                      | 3577.10  Category/ Type                                 | Allocated Allocated Voter Public Allocate  | Activity or Event:  nistrative Fundraising Exempt  Drive Direct Candidate Support  c Comm (ref to party only) by PAC  d Activity or Event Year-To-Date  380148.61                                    |
| C.         | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILD!  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL TAXES: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  | Transactio  NG  State IA                   | Zip Code<br>50319  | 3577.10  Category/ Type                                 | Allocated Allocated Allocate  Public Allocate  Date  | Activity or Event:  nistrative Fundraising Exempt  Drive Direct Candidate Support  C Comm (ref to party only) by PAC  d Activity or Event Year-To-Date  380148.61                                    |
|            | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILDI  City DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL TAXES: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE   | Transactio NG State IA                     | n ID : H4.14600  Zip Code 50319  NONFEDERAL                      | Category/<br>Type                                       | Allocated Allocated Allocate  Public Allocate  Date  | Activity or Event:  nistrative Fundraising Exempt  Drive Direct Candidate Support  C Comm (ref to party only) by PAC  d Activity or Event Year-To-Date  380148.61  TOTAL AMOUNT                      |
|            | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILD!  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL TAXES: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  | Transactio NG State IA                     | n ID : H4.14600  Zip Code 50319  NONFEDERAL                      | Category/<br>Type<br>SHARE<br>681.35                    | Allocated Allocated Allocate  Public Allocate  Date  | Activity or Event:  nistrative Fundraising Exempt  Drive Direct Candidate Support  C Comm (ref to party only) by PAC  d Activity or Event Year-To-Date  380148.61  TOTAL AMOUNT                      |
|            | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILDI  City DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL TAXES: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  181.12   | Transactio  NG  State IA  +                | n ID : H4.14600  Zip Code 50319  NONFEDERAL                      | Category/<br>Type<br>SHARE<br>681.35                    | Allocated Allocated Allocate  Public Allocate  Date  | Activity or Event:  nistrative Fundraising Exempt  Drive Direct Candidate Support  C Comm (ref to party only) by PAC  d Activity or Event Year-To-Date  380148.61  TOTAL AMOUNT  862.47              |
| sı         | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILDI  City DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL TAXES: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE   | Transactio NG State IA  + eral Activity Th | n ID : H4.14600  Zip Code 50319  NONFEDERAL  iis Page NONFEDERAL | Category/<br>Type SHARE 681.35 SHARE 0.00 NonFederal sh | Allocated Allocated Allocate  Public Allocate  Date  | Activity or Event:  nistrative Fundraising Exempt  Drive Direct Candidate Support  c Comm (ref to party only) by PAC  d Activity or Event Year-To-Date  380148.61  TOTAL AMOUNT  TOTAL AMOUNT  10.00 |
| sı         | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA Mailing Address HOOVER OFFICE BUILDI  City DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL TAXES: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  181.12  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE  0.00  OTAL This Period (last page for each line or | Transactio NG State IA  + eral Activity Th | NONFEDERAL  NONFEDERAL  are to 21(a)(i) and                      | Category/<br>Type SHARE 681.35 SHARE 0.00 NonFederal sh | Allocated Allocated Allocate  Public Allocate  Date  | Activity or Event:  nistrative Fundraising Exempt  Drive Direct Candidate Support  c Comm (ref to party only) by PAC  d Activity or Event Year-To-Date  380148.61  TOTAL AMOUNT  TOTAL AMOUNT  10.00 |

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R          | EPUBLICAN PARTY OF IOWA  | 7           |   |   |   |
|------------|--|-------------|---|---|---|
| A.         | Full Name (Last, First, Middle Initial)  | Transactio  | n ID : H4.14615                             |   | Allocated Activity or Event:  |
|            | CHASE CARD SERVICES  |             |   |   | Administrative Fundraising Exempt   |
|            | Mailing Address PO BOX 93014   |             |   |   | Voter Drive Direct Candidate Suppor   |
|            | City   | State       | Zip Code                                    |   | Public Comm (ref to party only) by PAC  |
|            | PALATINE   | IL          | 60094                                       |   | - Allocated Activity or Event Year-To-Date  |
|            | Purpose of Disbursement:<br>CREDIT CARD PAYMENT: SEE MEMO EN   | TRIES       |   |   | 380418.93   |
|            | Activity or Event Identifier: Administrative   |             |   | Category/<br>Type   | Date 06 13 2014   |
|            | FEDERAL SHARE  | +           | NONFEDERAL                                  | SHARE   | = TOTAL AMOUNT  |
|            | 56.77  |             | 7 7   | 213.55  | 270.32  |
| В.         | Full Name (Last, First, Middle Initial) DELTA DENTAL OF IOWA   | Transaction | n ID : H4.14602                             |   | Allocated Activity or Event:  Administrative Fundraising Exempt   |
|            | Mailing Address PO BOX 5044  |             |   |   | Voter Drive Direct Candidate Suppor   |
|            | City   | State       | Zip Code                                    |   | Public Comm (ref to party only) by PAC  |
|            | DES MOINES   | IA          | 50305-5044                                  | 1   | Allocated Activity or Event Year-To-Date  |
|            | Purpose of Disbursement:<br>INSURANCE  |             |   |   | 380642.49   |
|            | Activity or Event Identifier:<br>Administrative  |             |   | Category/<br>Type   | Date 06 / 16 / 2014   |
|            |  |             |   |   |   |
|            | FEDERAL SHARE  | +           | NONFEDERAL                                  | SHARE   | = TOTAL AMOUNT  |
|            | FEDERAL SHARE  | , t         | NONFEDERAL                                  | SHARE<br>37.26  | = TOTAL AMOUNT  223.56  |
| <u></u>    |  |             | NONFEDERAL                                  |   | 223.56  Allocated Activity or Event:  |
| <u>c</u> . | Table 186.30  Full Name (Last, First, Middle Initial)  |             | 7 7   |   | 223.56  |
| C.         | Full Name (Last, First, Middle Initial) JOEY BALDWIN Mailing Address 555 SE LAUREL ST  City  | Transactio  | n ID : H4.14779  Zip Code                   |   | Allocated Activity or Event:  Administrative Fundraising Exempt   |
| c.         | Full Name (Last, First, Middle Initial) JOEY BALDWIN Mailing Address 555 SE LAUREL ST  City WAUKEE   | Transactio  | n ID : H4.14779                             |   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support   |
| C.         | Full Name (Last, First, Middle Initial) JOEY BALDWIN Mailing Address 555 SE LAUREL ST  City WAUKEE Purpose of Disbursement: MILEAGE  | Transactio  | n ID : H4.14779  Zip Code                   |   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC   |
| c.         | Full Name (Last, First, Middle Initial) JOEY BALDWIN Mailing Address 555 SE LAUREL ST  City WAUKEE Purpose of Disbursement:  | Transactio  | n ID : H4.14779  Zip Code                   |   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date   |
| C.         | Full Name (Last, First, Middle Initial) JOEY BALDWIN  Mailing Address 555 SE LAUREL ST  City WAUKEE  Purpose of Disbursement: MILEAGE  Activity or Event Identifier:   | Transactio  | n ID : H4.14779  Zip Code                   | 37.26  Category/ Type                                     | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  380942.49  |
| C.         | Full Name (Last, First, Middle Initial) JOEY BALDWIN  Mailing Address 555 SE LAUREL ST  City WAUKEE  Purpose of Disbursement: MILEAGE  Activity or Event Identifier: Administrative  | State IA    | In ID: H4.14779  Zip Code 50263             | 37.26  Category/ Type                                     | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  380942.49  Date 06 / 16 / 2014                               |
|            | Full Name (Last, First, Middle Initial) JOEY BALDWIN Mailing Address 555 SE LAUREL ST  City WAUKEE Purpose of Disbursement: MILEAGE  Activity or Event Identifier: Administrative  FEDERAL SHARE  63.00  | State IA +  | Zip Code<br>50263                           | Category/<br>Type   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  380942.49  Date 06 16 2014                                   |
|            | Full Name (Last, First, Middle Initial) JOEY BALDWIN  Mailing Address 555 SE LAUREL ST  City WAUKEE  Purpose of Disbursement: MILEAGE  Activity or Event Identifier: Administrative  | State IA +  | Zip Code<br>50263                           | Category/<br>Type<br>SHARE<br>237.00                      | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  380942.49  Date 06 16 2014                                   |
|            | Full Name (Last, First, Middle Initial) JOEY BALDWIN Mailing Address 555 SE LAUREL ST  City WAUKEE Purpose of Disbursement: MILEAGE  Activity or Event Identifier: Administrative  FEDERAL SHARE  63.00  JBTOTAL of Allocated Federal and NonFederal             | State IA +  | n ID : H4.14779  Zip Code 50263  NONFEDERAL | Category/<br>Type<br>SHARE<br>237.00                      | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  380942.49  Date 06 16 2014  TOTAL AMOUNT                     |
| SI         | Full Name (Last, First, Middle Initial) JOEY BALDWIN Mailing Address 555 SE LAUREL ST  City WAUKEE Purpose of Disbursement: MILEAGE  Activity or Event Identifier: Administrative  FEDERAL SHARE  63.00  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE | State IA +  | NONFEDERAL  NONFEDERAL                      | Category/<br>Type SHARE 237.00 SHARE 487.81 NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  380942.49  Date 06 16 2014  TOTAL AMOUNT  TOTAL AMOUNT  793.88 |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R         | EPUBLICAN PARTY OF IOWA   | 1   |                                      |  |  |
|-----------|---|---|--------------------------------------|--|--|
| A.        | Full Name (Last, First, Middle Initial) COVENTRY HEALTH CARE  |   | n ID : H4.14601                      |  | Allocated Activity or Event:   |
|           | Mailing Address PO BOX 6481   | OF IOVV                                   | 1                                    |  | Administrative Fundraising Exempt  |
|           | City  | State                                     | 7in Codo                             |  | Voter Drive Direct Candidate Support   |
|           | CAROL STREAM  | State<br>IL                               | Zip Code<br>60197-6481               |  | Public Comm (ref to party only) by PAC   |
|           | Purpose of Disbursement:<br>INSURANCE   |   |                                      |  | Allocated Activity or Event Year-To-Date 381698.42   |
|           | Activity or Event Identifier:   |   |                                      |  |  |
|           | Administrative  |   |                                      | Category/<br>Type  | Date 06 19 2014  |
|           | FEDERAL SHARE   | +   | NONFEDERAL                           | SHARE  | = TOTAL AMOUNT   |
|           | 509.97  |   | 7                                    | 245.96   | 755.93   |
| В.        | Full Name (Last, First, Middle Initial)   | Transaction                               | n ID : H4.14603                      |  | Allocated Activity or Event:   |
|           | MIDAMERICAN ENERGY  Mailing Address PO BOX 8020   |   |                                      |  | Administrative Fundraising Exempt  |
|           | Mailing Address PO BOX 8020   |   |                                      |  | Voter Drive Direct Candidate Support   |
|           | City<br>DAVENPORT   | State<br>IA                               | Zip Code                             |  | Public Comm (ref to party only) by PAC   |
|           | Purpose of Disbursement:  | IA  | 52808                                |  | Allocated Activity or Event Year-To-Date   |
|           | UTILITIES  Activity or Event Identifier:  |   |                                      |  | 382031.12  |
|           | Administrative  |   |                                      | Category/<br>Type  | Date 06 19 2014  |
|           |   |   |                                      |  |  |
|           | FEDERAL SHARE   | +   | NONFEDERAL                           | SHARE  | = TOTAL AMOUNT   |
|           | FEDERAL SHARE 69.87   |   | NONFEDERAL                           | SHARE<br>262.83  | = TOTAL AMOUNT 332.70  |
| <u>C.</u> |   |   | NONFEDERAL n ID : H4.14604           |  | 332.70 Allocated Activity or Event:  |
| c.        | 69.87  Full Name (Last, First, Middle Initial)  |   | 7                                    |  | 332.70   |
| c.        | Full Name (Last, First, Middle Initial) WINDSTREAM/PAETEC Mailing Address PO BOX 1283  City   | Transactio State                          | n ID : H4.14604  Zip Code            | 262.83   | Allocated Activity or Event:  Administrative Fundraising Exempt  |
| c.        | Full Name (Last, First, Middle Initial) WINDSTREAM/PAETEC Mailing Address PO BOX 1283  City BUFFALO   | Transactio                                | n ID : H4.14604                      | 262.83   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  |
| c.        | Full Name (Last, First, Middle Initial) WINDSTREAM/PAETEC Mailing Address PO BOX 1283  City BUFFALO Purpose of Disbursement: TELEPHONE SERVICES   | Transactio State                          | n ID : H4.14604  Zip Code            | 262.83   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  |
| c.        | Full Name (Last, First, Middle Initial) WINDSTREAM/PAETEC Mailing Address PO BOX 1283  City BUFFALO Purpose of Disbursement:  | Transactio State                          | n ID : H4.14604  Zip Code            | 262.83   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  |
| C.        | Full Name (Last, First, Middle Initial) WINDSTREAM/PAETEC Mailing Address PO BOX 1283  City BUFFALO Purpose of Disbursement: TELEPHONE SERVICES  Activity or Event Identifier:  | Transactio State                          | n ID : H4.14604  Zip Code            | 262.83  Category/ Type   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  382607.75   |
| c.        | Full Name (Last, First, Middle Initial) WINDSTREAM/PAETEC Mailing Address PO BOX 1283  City BUFFALO Purpose of Disbursement: TELEPHONE SERVICES  Activity or Event Identifier: Administrative   | State<br>NY                               | Zip Code<br>14240-1283               | 262.83  Category/ Type   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  382607.75  Date 06 19 2014                              |
| _         | Full Name (Last, First, Middle Initial) WINDSTREAM/PAETEC Mailing Address PO BOX 1283  City BUFFALO Purpose of Disbursement: TELEPHONE SERVICES  Activity or Event Identifier: Administrative  FEDERAL SHARE  | State<br>NY                               | Zip Code<br>14240-1283               | Category/<br>Type  | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  382607.75  Date Mon |
| _         | Full Name (Last, First, Middle Initial) WINDSTREAM/PAETEC Mailing Address PO BOX 1283  City BUFFALO Purpose of Disbursement: TELEPHONE SERVICES  Activity or Event Identifier: Administrative   | State<br>NY                               | Zip Code<br>14240-1283               | Category/<br>Type<br>SHARE<br>455.54                                     | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  382607.75  Date Mon |
| _         | Full Name (Last, First, Middle Initial) WINDSTREAM/PAETEC Mailing Address PO BOX 1283  City BUFFALO Purpose of Disbursement: TELEPHONE SERVICES  Activity or Event Identifier: Administrative  FEDERAL SHARE  121.09  JBTOTAL of Allocated Federal and NonFeder               | State NY +                                | Zip Code<br>14240-1283<br>NONFEDERAL | Category/<br>Type<br>SHARE<br>455.54                                     | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  382607.75  Date 06 19 2014  TOTAL AMOUNT                |
| SI        | Full Name (Last, First, Middle Initial) WINDSTREAM/PAETEC Mailing Address PO BOX 1283  City BUFFALO Purpose of Disbursement: TELEPHONE SERVICES  Activity or Event Identifier: Administrative  FEDERAL SHARE  J21.09  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE | Transactio  State NY  +  al Activity Th + | NONFEDERAL S                         | Category/<br>Type<br>SHARE<br>455.54<br>SHARE<br>964.33<br>NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  382607.75  Date 06 19 2014  TOTAL AMOUNT  576.63        |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R        | EPUBLICAN PARTY OF IOWA   | 4          |                                 |  |   |
|----------|---|------------|---------------------------------|--|---|
| A.       | Full Name (Last, First, Middle Initial)   |            | n ID : H4.14618                 |  | Allocated Activity or Event:  |
|          | BANKERS TRUST CC FEDE   | RAL        |                                 |  | Administrative Fundraising Exemp  |
|          | Mailing Address PO BOX 1991   |            |                                 |  | Voter Drive Direct Candidate Suppor   |
|          | City  | State      | Zip Code                        |  | Public Comm (ref to party only) by PAC  |
|          | DES MOINES Purpose of Disbursement:   | IA         | 50305                           |  | - Allocated Activity or Event Year-To-Date  |
|          | CREDIT CARD PAYMENT: SEE MEMO EN  | TRIES      |                                 |  | 383015.85   |
|          | Activity or Event Identifier: Administrative  |            |                                 | Category/<br>Type  | Date 06 19 2014   |
|          | FEDERAL SHARE   | +          | NONFEDERAL                      | SHARE  | = TOTAL AMOUNT  |
|          | 85.70   |            | 7                               | 322.40   | 408.10  |
| В.       | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES   | Transactio | n ID : H4.14584                 |  | Allocated Activity or Event:  Administrative Fundraising Exemp  |
|          | Mailing Address 1454 30TH STREET SUITE  | E 202      |                                 |  | Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor   |
|          | City  | State      | Zip Code                        |  | Public Comm (ref to party only) by PAC  |
|          | WEST DES MOINES  Purpose of Disbursement:   | IA         | 50266                           |  | Allocated Activity or Event Year-To-Date  |
|          | SEE BELOW: PAYROLL: <25% FED  |            |                                 |  | 401937.52   |
|          | Activity or Event Identifier:<br>Administrative   |            |                                 | Category/<br>Type  | Date 06 20 2014   |
|          |   |            |                                 |  |   |
|          | FEDERAL SHARE   | +          | NONFEDERAL                      | SHARE  | = TOTAL AMOUNT  |
|          | FEDERAL SHARE 3973.55   | +          | NONFEDERAL                      | SHARE<br>14948.12  | = TOTAL AMOUNT 18921.67   |
| <u> </u> | 3973.55   |            | NONFEDERAL                      |  | 18921.67 Allocated Activity or Event:   |
| c.       | 3973.55  Full Name (Last, First, Middle Initial)  |            | 7 7                             |  | 18921.67  |
| c.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT Mailing Address 2400 HICKMAN ROAD #67 City   | Transactio | In ID : H4.14585                |  | Allocated Activity or Event:  Administrative Fundraising Exempt   |
| c.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT Mailing Address 2400 HICKMAN ROAD #67  | Transactio | n ID : H4.14585                 |  | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor   |
| C.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED   | Transactio | In ID : H4.14585                |  | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC   |
| C.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement:  | Transactio | In ID : H4.14585                | 14948.12<br>Category/  | Allocated Activity or Event:  Administrative Fundraising Exemply  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  404768.96   |
| c.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  | State IA   | Zip Code<br>50310               | Category/<br>Type  | Allocated Activity or Event:  Administrative Fundraising Exemply  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  404768.96   |
| C.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative   | Transactio | In ID : H4.14585                | Category/<br>Type  | Allocated Activity or Event:  Administrative Fundraising Exemply  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  404768.96   |
| C.       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  | State IA   | Zip Code<br>50310               | Category/<br>Type  | Allocated Activity or Event:  Administrative Fundraising Exemply  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  404768.96   |
|          | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  594.60   | State IA + | zip Code<br>50310<br>NONFEDERAL | Category/<br>Type SHARE 2236.84                              | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Suppor Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  404768.96  Date 06 20 2014  TOTAL AMOUNT               |
|          | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  594.60   | State IA + | Zip Code<br>50310               | Category/<br>Type SHARE 2236.84                              | Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Suppor Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  404768.96  Date 06 20 2014  TOTAL AMOUNT               |
| sı       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFedered                        | State IA + | Zip Code<br>50310<br>NONFEDERAL | Category/<br>Type<br>SHARE<br>2236.84<br>SHARE<br>15270.52   | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  404768.96  Date 06 / 20 / 2014  TOTAL AMOUNT  19329.77 |
| sı       | Full Name (Last, First, Middle Initial) STEVEN BIERFELDT  Mailing Address 2400 HICKMAN ROAD #67  City DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  594.60  JBTOTAL of Allocated Federal and NonFederal SHARE  4059.25 | State IA + | Zip Code<br>50310<br>NONFEDERAL | Category/<br>Type SHARE 2236.84 SHARE 15270.52 NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  404768.96  Date 06 / 20 / 2014  TOTAL AMOUNT  19329.77 |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R          | EPUBLICAN PARTY OF IOWA   | 4   |   |   |  |
|------------|---|---|---|---|--|
| A.         | Full Name (Last, First, Middle Initial)   | Transactio                                    | n ID : H4.14586   |   | Allocated Activity or Event:   |
|            | JOHN FERLAND  |   |   |   | Administrative Fundraising Exemp   |
|            | Mailing Address 4902 UNIVERSITY AVE APT 205   |   |   |   | Voter Drive Direct Candidate Suppor  |
|            | City  | State   | Zip Code  |   | Public Comm (ref to party only) by PAC   |
|            | DES MOINES  Purpose of Disbursement:  | IA  | 50311   |   | - Allocated Activity or Event Year-To-Date   |
|            | ITEMIZE: PAYROLL: <25% FED  |   |   |   | 409815.75  |
|            | Activity or Event Identifier: Administrative  |   |   | Category/<br>Type                                       | Date 06 20 2014  |
|            | [MEMO ITEM]   |   |   |   | Date 06 20 2014  |
|            | FEDERAL SHARE   | +   | NONFEDERAL  | SHARE   | = TOTAL AMOUNT   |
|            | 1059.83   |   | , ,   | 3986.96   | 5046.79  |
| В.         | Full Name (Last, First, Middle Initial)   | Transaction                                   | n ID : H4.14587   |   | Allocated Activity or Event:   |
|            | KABEL BUSINESS SERVICES  Mailing Address 1454 30TH STREET SUITE   | - 202   |   |   | Administrative Fundraising Exemp   |
|            | 1454 50TH STREET SUIT   | 202   |   |   | Voter Drive Direct Candidate Suppor  |
|            | City  | State   | Zip Code  |   | Public Comm (ref to party only) by PAC   |
|            | WEST DES MOINES  Purpose of Disbursement:   | IA  | 50266   |   | Allocated Activity or Event Year-To-Date   |
|            | ITEMIZE: PAYROLL FEE: <25% FED  |   |   |   | 409860.31  |
|            | Activity or Event Identifier:<br>Administrative   |   |   | Category/   | Doto 06 20 2014  |
|            | [МЕМО ІТЕМ]   |   |   | Type  | Date 06 20 2014  |
|            |   |   |   |   |  |
|            | FEDERAL SHARE   | +   | NONFEDERAL  | SHARE   | = TOTAL AMOUNT   |
|            | FEDERAL SHARE 9.36  |   | NONFEDERAL  | SHARE<br>35.20  | = TOTAL AMOUNT 44.56   |
| <u></u>    |   |   | NONFEDERAL  |   | Allocated Activity or Event:   |
| <u>C</u> . | 9.36  Full Name (Last, First, Middle Initial)   | Transactio                                    | 7 7   |   | 44.56  |
| c.         | 9.36  Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City  | Transactio                                    | 7 7   |   | Allocated Activity or Event:  Administrative Fundraising Exemp   |
| <u>c.</u>  | 9.36  Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES  | Transactio                                    | n ID : H4.14588   |   | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  |
| c.         | 9.36  Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City  | Transaction  E 202  State                     | In ID : H4.14588  |   | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  |
| c.         | 9.36  Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement:   | Transaction  E 202  State                     | In ID : H4.14588  | 35.20  Category/  | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  410070.31  |
| C.         | 9.36  Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES  Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier:   | Transaction  E 202  State                     | In ID : H4.14588  | 35.20   | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  410070.31  |
| c.         | 9.36  Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES  Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative  | Transaction  E 202  State                     | In ID : H4.14588  | 35.20  Category/ Type                                   | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  410070.31  |
| C.         | 9.36  Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES  Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]   | Transaction  E 202  State IA                  | Zip Code<br>50266   | 35.20  Category/ Type                                   | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Suppor  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  410070.31   |
|            | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  44.10   | Transaction  E 202  State IA                  | Zip Code<br>50266   | Category/<br>Type                                       | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  410070.31  Date 06 20 2014  TOTAL AMOUNT                         |
|            | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE   | Transaction  E 202  State IA                  | Zip Code<br>50266   | Category/<br>Type<br>SHARE<br>165.90                    | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  410070.31  Date 06 20 2014  TOTAL AMOUNT                         |
|            | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  44.10  | Transactio  E 202  State IA  +                | zip Code<br>50266   | Category/<br>Type<br>SHARE<br>165.90                    | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  410070.31  Date 06 20 2014  TOTAL AMOUNT                         |
| sı         | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  44.10  DTAL of Allocated Federal and NonFeder FEDERAL SHARE  0.00  OTAL This Period (last page for each line on | Transaction E 202 State IA  + ral Activity Tr | Zip Code 50266  NONFEDERAL  iis Page NONFEDERAL  nare to 21(a)(i) and | Category/<br>Type SHARE 165.90 SHARE 0.00 NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  410070.31  TOTAL AMOUNT  TOTAL AMOUNT  10.00  Pare to 21(a)(ii)) |
| sı         | Full Name (Last, First, Middle Initial) KABEL BUSINESS SERVICES Mailing Address 1454 30TH STREET SUITE  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL/HSA: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  44.10  JBTOTAL of Allocated Federal and NonFederal SHARE  0.00  | Transaction E 202 State IA  + ral Activity Tr | Zip Code<br>50266<br>NONFEDERAL                                       | Category/<br>Type SHARE 165.90 SHARE 0.00 NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exemp  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  410070.31  Date 06 / 20 / 2014  TOTAL AMOUNT  210.00             |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R         | EPUBLICAN PARTY OF IOWA   | ١   |   |   |  |
|-----------|---|---|---|---|--|
| A.        | Full Name (Last, First, Middle Initial)   |   | n ID : H4.14589                             |   | Allocated Activity or Event:   |
|           | UNITED STATES TREASURY  |   |   |   | Administrative Fundraising Exempt  |
|           | Mailing Address INTERNAL REVENUE SER  | RVICE CENTE                                   | ER  |   | Voter Drive Direct Candidate Support   |
|           | City  | State   | Zip Code                                    |   | Public Comm (ref to party only) by PAC   |
|           | KANSAS CITY  Purpose of Disbursement:   | МО  | 64999                                       |   | Allocated Activity or Event Year-To-Date   |
|           | ITĖMIZE: PAYROLL TAXES: <25% FED  |   |   |   | 414701.62  |
|           | Activity or Event Identifier: Administrative  |   |   | Category/<br>Type                                       | Date 06 20 2014  |
|           | [MEMO ITEM]   |   |   |   | Date   |
|           | FEDERAL SHARE   | +   | NONFEDERAL                                  | SHARE   | = TOTAL AMOUNT   |
|           | 972.58  |   | , ,   | 3658.73   | 4631.31  |
| В.        | Full Name (Last, First, Middle Initial) TREASURER, STATE OF IOWA  | Transaction                                   | n ID : H4.14590                             |   | Allocated Activity or Event:  Administrative Fundraising Exempt  |
|           | Mailing Address HOOVER OFFICE BUILDIN   | IG  |   |   | Voter Drive Direct Candidate Support   |
|           | City  | State   | Zip Code                                    |   | Public Comm (ref to party only) by PAC   |
|           | DES MOINES  | IA  | 50319                                       |   | Allocated Activity or Event Year-To-Date   |
|           | Purpose of Disbursement:<br>ITEMIZE: PAYROLL TAXES: <25% FED  |   |   |   | 415583.78  |
|           | Activity or Event Identifier:<br>Administrative   |   |   | Category/   | M = M / D = D / Y = Y = Y  |
|           | [MEMO ITEM]   |   |   | Type  | Date 06 20 2014  |
|           |   |   |   |   |  |
|           | FEDERAL SHARE   | +   | NONFEDERAL                                  | SHARE   | = TOTAL AMOUNT   |
|           | FEDERAL SHARE   |   | NONFEDERAL                                  | SHARE<br>696.91   | = TOTAL AMOUNT 882.16  |
| <u> </u>  | 185.25  Full Name (Last, First, Middle Initial)   |   | NONFEDERAL                                  |   | 882.16  Allocated Activity or Event:   |
| <u>c.</u> | 185.25  | Transactio                                    | 7   |   | 882.16   |
| c.        | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA City   | Transactio  D  State                          | n ID : H4.14591  Zip Code                   |   | Allocated Activity or Event:  Administrative Fundraising Exempt  |
| c.        | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES  | <b>Transactio</b>                             | n ID : H4.14591                             |   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  |
| C.        | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED   | Transactio  D  State                          | n ID : H4.14591  Zip Code                   |   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  |
| c.        | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement:   | Transactio  D  State                          | n ID : H4.14591  Zip Code                   | 696.91  Category/                                       | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  416000.45                                       |
| c.        | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier:  | Transactio  D  State                          | n ID : H4.14591  Zip Code                   | 696.91  | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  416000.45                                       |
| C.        | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative   | Transactio  D  State                          | n ID : H4.14591  Zip Code                   | Category/<br>Type                                       | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  416000.45                                       |
| C.        | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  | Transactio  D  State IA                       | Zip Code<br>50265                           | Category/<br>Type                                       | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  416000.45  Date 06 20 2014                      |
|           | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE   | Transactio  D  State IA                       | Zip Code<br>50265                           | Category/<br>Type                                       | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  416000.45  Date 06 20 2014                      |
|           | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  | Transactio  D  State IA                       | Zip Code<br>50265                           | Category/<br>Type<br>SHARE<br>329.17                    | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  416000.45  Date 06 20 2014                      |
|           | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  87.50  | Transactio  D  State IA  +                    | n ID : H4.14591  Zip Code 50265  NONFEDERAL | Category/<br>Type<br>SHARE<br>329.17                    | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  416000.45  Date 06 20 2014  TOTAL AMOUNT        |
| SI        | Full Name (Last, First, Middle Initial) GOPAL KRISHNA Mailing Address 3901 STONEBRIDGE ROA  City WEST DES MOINES Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  FEDERAL SHARE  B7.50  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE | Transactio  D  State IA  +  ral Activity Th + | Zip Code<br>50265<br>NONFEDERAL             | Category/<br>Type SHARE 329.17 SHARE 0.00 NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  416000.45  Date 06 20 2014  TOTAL AMOUNT  10.00 |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R         | EPUBLICAN PARTY OF IOWA  | 4  |   |   |   |
|-----------|--|--|---|---|---|
| A.        | Full Name (Last, First, Middle Initial)  | Transactio                                   | n ID : H4.14592                                 |   | Allocated Activity or Event:  |
|           | DANNY CARROLL  |  |   |   | Administrative Fundraising Exer   |
|           | Mailing Address 169 - 410TH AVENUE   |  |   |   | Voter Drive Direct Candidate Supp   |
|           | City   | State  | Zip Code  |   | Public Comm (ref to party only) by PAC  |
|           | GRINNELL   | IA   | 50112-000                                       | 0   | - Allocated Activity or Event Year-To-Date  |
|           | Purpose of Disbursement:<br>ITEMIZE: PAYROLL: <25% FED   |  |   |   | 417458.78   |
|           | Activity or Event Identifier: Administrative   |  |   | Category/   | Date 06 20 2014   |
|           | [MEMO ITEM]  |  |   | Type  | Date 06 20 2014   |
|           | FEDERAL SHARE  | +  | NONFEDERAL                                      | SHARE   | = TOTAL AMOUNT  |
|           | 306.25   |  | 7 7   | 1152.08   | 1458.33   |
| —<br>В.   | Full Name (Last, First, Middle Initial)  | Transaction                                  | n ID : H4.14593                                 |   | Allocated Activity or Event:  |
|           | ERIC T BAKER   |  |   |   | Administrative Fundraising Exer   |
|           | Mailing Address 3519 UNIVERSITY AVENU<br>APT 404   | JE   |   |   | Voter Drive Direct Candidate Supp   |
|           | City APT 404   | State  | Zip Code  |   | Public Comm (ref to party only) by PAC  |
|           | DES MOINES   | IA   | 50311   |   | Allocated Activity or Event Year-To-Date  |
|           | Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  |  |   | · · ·   | 418455.99   |
|           | Activity or Event Identifier: Administrative   |  |   |   |   |
|           | [MEMO ITEM]  |  |   | Category/<br>Type   | Date 06 20 2014   |
|           |  |  |   |   |   |
|           | FEDERAL SHARE  | +  | NONFEDERAL                                      | SHARE   | = TOTAL AMOUNT  |
|           | FEDERAL SHARE  |  | NONFEDERAL                                      | 787.80  | TOTAL AMOUNT 997.21   |
| <u></u>   | 209.41   |  | NONFEDERAL                                      |   |   |
| C.        | Full Name (Last, First, Middle Initial) ANDREW G SPYROW  |  | 7 7   |   | 997.21  |
| c.        | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT   |  | n ID : H4.14594                                 |   | 997.21 Allocated Activity or Event:   |
| C.        | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT  City   | Transactio                                   | n ID : H4.14594<br>Zip Code                     |   | Allocated Activity or Event:  Administrative Fundraising Exer   |
| c.        | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT   | Transactio                                   | n ID : H4.14594                                 |   | Allocated Activity or Event:  Administrative Fundraising Exer   |
| C.        | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT  City BETTENDORF  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED   | Transactio                                   | n ID : H4.14594<br>Zip Code                     |   | Allocated Activity or Event:  Administrative Fundraising Exer  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  |
| c.        | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT  City BETTENDORF Purpose of Disbursement:   | Transactio                                   | n ID : H4.14594<br>Zip Code                     | 787.80  Category/   | Allocated Activity or Event:  Administrative Fundraising Exer  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  419453.20   |
| c.        | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT  City BETTENDORF  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier:  | Transactio                                   | n ID : H4.14594<br>Zip Code                     | 787.80  | Allocated Activity or Event:  Administrative Fundraising Exer  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  419453.20   |
| c.        | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT  City BETTENDORF Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  | Transactio                                   | n ID : H4.14594<br>Zip Code                     | Category/<br>Type   | Allocated Activity or Event:  Administrative Fundraising Exer  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  419453.20   |
| <u>с.</u> | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT  City BETTENDORF Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative [MEMO ITEM]  | State IA                                     | Zip Code<br>52722                               | Category/<br>Type   | Allocated Activity or Event:  Administrative Fundraising Exer  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  419453.20  Date 06 / 20 / 2014  |
|           | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT  City BETTENDORF Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  | State IA +                                   | n ID : H4.14594  Zip Code 52722  NONFEDERAL     | Category/<br>Type   | Allocated Activity or Event:  Administrative Fundraising Exer  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  419453.20  Date 06 20 2014  |
|           | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT  City BETTENDORF  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE   | State IA +                                   | n ID : H4.14594  Zip Code 52722  NONFEDERAL     | Category/<br>Type<br>SHARE<br>787.80                      | Allocated Activity or Event:  Administrative Fundraising Exer  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  419453.20  Date 06 20 2014  |
|           | Full Name (Last, First, Middle Initial) ANDREW G SPYROW  Mailing Address 3134 LINDSEY COURT  City BETTENDORF  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  209.41  | State IA +                                   | n ID : H4.14594  Zip Code 52722  NONFEDERAL     | Category/<br>Type<br>SHARE<br>787.80                      | Allocated Activity or Event:  Administrative Fundraising Exer  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  419453.20  Date 06 20 2014  TOTAL AMOUNT  |
| sı        | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT  City BETTENDORF Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  209.41  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE  0.00  OTAL This Period (last page for each line or | State IA + + + + + + + + + + + + + + + + + + | NONFEDERAL  NONFEDERAL  are to 21(a)(i) and     | Category/<br>Type SHARE 787.80  SHARE 0.00  NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exer  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  419453.20  Date 06 20 2014  TOTAL AMOUNT  997.21  TOTAL AMOUNT  0.00  are to 21(a)(ii)) |
|           | Full Name (Last, First, Middle Initial) ANDREW G SPYROW Mailing Address 3134 LINDSEY COURT  City BETTENDORF  Purpose of Disbursement: ITEMIZE: PAYROLL: <25% FED  Activity or Event Identifier: Administrative  [MEMO ITEM]  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal SHARE  0.00  | State IA + + + + + + + + + + + + + + + + + + | Zip Code 52722  NONFEDERAL  iis Page NONFEDERAL | Category/<br>Type SHARE 787.80  SHARE 0.00  NonFederal sh | Allocated Activity or Event:  Administrative Fundraising Exer  Voter Drive Direct Candidate Supp  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  419453.20  Date 06 20 2014  TOTAL AMOUNT  997.21  |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| R         | EPUBLICAN PARTY OF IOWA   | ٦   |   |   |  |
|-----------|---|---|---|---|--|
| A.        | Full Name (Last, First, Middle Initial)   | Transactio                                    | n ID : H4.14595   |   | Allocated Activity or Event:   |
|           | ALEXANDER S LATCHAM   |   |   |   | Administrative Fundraising Exempt  |
|           | Mailing Address 7260 SUNRISE BLVD   |   |   |   | Voter Drive Direct Candidate Support   |
|           | City  | State   | Zip Code  |   | Public Comm (ref to party only) by PAC   |
|           | WINDSOR HEIGHTS   | IA  | 50324   |   | - Allocated Activity or Event Year-To-Date   |
|           | Purpose of Disbursement:<br>ITEMIZE: PAYROLL: <25% FED  |   |   |   | 420859.19  |
|           | Activity or Event Identifier: Administrative  |   |   | Category/                                     | Date 06 20 2014  |
|           | [MEMO ITEM]   |   |   | Туре  | Date 06 20 2014  |
|           | FEDERAL SHARE   | +   | NONFEDERAL  | SHARE   | = TOTAL AMOUNT   |
|           | 295.26  |   | 7 7   | 1110.73                                       | 1405.99  |
| В.        | Full Name (Last, First, Middle Initial)   | Transaction                                   | n ID : H4.14607   |   | Allocated Activity or Event:   |
|           | RED CURVE SOLUTIONS   |   |   |   | Administrative Fundraising Exempt  |
|           | Mailing Address 500 CUMMINGS CENTER SUITE 4400  |   |   |   | Voter Drive Direct Candidate Support   |
|           | City  | State   | Zip Code  |   | Public Comm (ref to party only) by PAC   |
|           | BEVERLY   | MA  | 01915   |   | Allocated Activity or Event Year-To-Date   |
|           | Purpose of Disbursement:<br>COMPLIANCE CONSULTING   |   |   |   | 423703.56  |
|           | Activity or Event Identifier: Administrative  |   |   | Category/                                     | M = M / D = D / Y = Y = Y  |
|           |   |   |   | Type  | Date 06 26 2014  |
|           |   |   |   |   |  |
|           | FEDERAL SHARE   | +   | NONFEDERAL  | SHARE   | = TOTAL AMOUNT   |
|           | FEDERAL SHARE 597.32  |   | NONFEDERAL  | 2247.05                                       | = TOTAL AMOUNT 2844.37   |
| <u>c.</u> | 597.32  | Transactio                                    | NONFEDERAL  |   | 2844.37  Allocated Activity or Event:  |
| <u>c.</u> | 597.32  Full Name (Last, First, Middle Initial)   | Transactio                                    | 7 7   |   | 2844.37  |
| c.        | Full Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City  | Transactio<br>TEE<br>State                    | n ID : H4.14616   |   | Allocated Activity or Event:  Administrative Fundraising Exempt  |
| c.        | Full Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City URBANDALE  | Transactio<br>TEE                             | n ID : H4.14616   |   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  |
| c.        | Full Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City URBANDALE Purpose of Disbursement: RENT & UTILITIES  | Transactio<br>TEE<br>State                    | n ID : H4.14616   |   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  |
| C.        | Full Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City URBANDALE Purpose of Disbursement:   | Transactio<br>TEE<br>State                    | n ID : H4.14616   |   | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  |
| c.        | Full Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City URBANDALE Purpose of Disbursement: RENT & UTILITIES  Activity or Event Identifier: Administrative  | Transactio TEE  State IA                      | n ID : H4.14616  Zip Code 50322   | 2247.05  Category/ Type                       | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  425703.56   |
| C.        | Full Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City URBANDALE Purpose of Disbursement: RENT & UTILITIES  Activity or Event Identifier: Administrative  | Transactio<br>TEE<br>State                    | n ID : H4.14616   | Category/<br>Type                             | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  425703.56  Date 06 26 2014                                      |
| c.        | Full Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City URBANDALE Purpose of Disbursement: RENT & UTILITIES  Activity or Event Identifier: Administrative  | Transactio TEE  State IA                      | n ID : H4.14616  Zip Code 50322   | 2247.05  Category/ Type                       | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  425703.56   |
|           | Full Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City URBANDALE Purpose of Disbursement: RENT & UTILITIES  Activity or Event Identifier: Administrative  | Transaction TEE  State IA                     | n ID : H4.14616  Zip Code 50322  NONFEDERAL   | Category/<br>Type<br>SHARE<br>1580.00         | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  425703.56  Date 06 26 2014                                      |
|           | FUII Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City URBANDALE Purpose of Disbursement: RENT & UTILITIES  Activity or Event Identifier: Administrative  FEDERAL SHARE  420.00   | Transactio TEE  State IA  +                   | n ID : H4.14616  Zip Code 50322  NONFEDERAL   | Category/<br>Type<br>SHARE<br>1580.00         | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  425703.56  Date 06 26 2014  TOTAL AMOUNT                        |
| sı        | FUII Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City URBANDALE Purpose of Disbursement: RENT & UTILITIES  Activity or Event Identifier: Administrative  FEDERAL SHARE  420.00  JBTOTAL of Allocated Federal and NonFede FEDERAL SHARE  1017.32  | Transaction TEE  State IA  +  ral Activity Tr | n ID : H4.14616  Zip Code 50322  NONFEDERAL  iis Page NONFEDERAL  are to 21(a)(i) and | Category/<br>Type SHARE 1580.00 SHARE 3827.05 | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  425703.56  Date 06 26 2014  TOTAL AMOUNT  TOTAL AMOUNT  4844.37 |
| sı        | Full Name (Last, First, Middle Initial) GOVERNOR BRANSTAD COMMIT Mailing Address 2775 86TH ST.  City URBANDALE Purpose of Disbursement: RENT & UTILITIES  Activity or Event Identifier: Administrative  FEDERAL SHARE  420.00  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE  1017.32 | Transaction TEE  State IA  +  ral Activity Tr | n ID : H4.14616  Zip Code 50322  NONFEDERAL  iis Page NONFEDERAL                      | Category/<br>Type SHARE 1580.00 SHARE 3827.05 | Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  425703.56  Date 06 26 2014  TOTAL AMOUNT  TOTAL AMOUNT  4844.37 |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

| PAGE  | 49  | C   | )F | 49   |    |
|-------|-----|-----|----|------|----|
| FOR I | INE | 21a | OF | FORM | 3X |

| R          | EPUBLICAN PARTY OF IOWA   | 1           |   |  |   |  |  |  |  |
|------------|---|-------------|---|--|---|--|--|--|--|
| A.         | Full Name (Last, First, Middle Initial)  Transaction ID: H4.14617   |             |   |  |   | Allocated Activity or Event:   |  |  |  |
|            | OTTUMWA COMMUNITY SCHOOLS   |             |   |  |   | Administrative Fundraising Exempt                                      |  |  |  |
|            | Mailing Address ATTN: ACCOUNTS RECEIVABLE 422 MCCARROLL DR.   |             |   |  |   | Voter Drive Direct Candidate Support                                   |  |  |  |
|            | City State Zip Code   |             |   |  | Public Comm (ref to party only) by PAC    |  |  |  |  |
|            | OTTUMA  Purpose of Disbursement:  | <u> </u>    | Allocated Activity or Event Year-To-Date    |  |   |  |  |  |  |
|            | FACILITY RENTAL   |             |   |  |   |  | 42   | 6965.56  |  |
|            | Activity or Event Identifier:   |             |   | Category/                                    |   | M M /  | D D /  | Y   Y   Y   Y  |  |
|            | Administrative  |             |   | Type   | Date                                      | 06   | 26   | 2014   |  |
|            | FEDERAL SHARE   | +           | NONFEDERAL                                  | SHARE  | =   | Ţ  | OTAL AMOUN   | Т  |  |
|            | 265.02  |             | 7 7   | 996.98                                       |   | ,  |  | 1262.00  |  |
| В.         | Full Name (Last, First, Middle Initial)  Transaction ID: H4.14666   |             |   |  |   | Allocated Activity or Event:   |  |  |  |
|            | MAHAFFEY LAW OFFICE  Mailing Address 107 S 4TH ST PO BOX 850  |             | Adr   | ministrative                                 | Fundraisin                                | g Exempt   |  |  |  |
|            | Mailing Address 107 S 4TH ST PO BOX 850   | J           |   |  | Vot                                       | ter Drive  | Direct Car   | ndidate Support  |  |
|            | City  | State       | Zip Code                                    |  | Pul                                       | blic Comm  | (ref to party or   | nly) by PAC  |  |
|            | MONTEZUMA   | IA          | 50171                                       | T  | Alloca                                    | ated Activity  | or Event Year  | -To-Date   |  |
|            | Purpose of Disbursement:<br>LEGAL CONSULTING  |             |   | · · · ·                                      |   |  | 42   | 7165.56  |  |
|            | Activity or Event Identifier: Administrative  |             |   | 0.1  |   | M M /  |  | Y  |  |
|            | Autilitionative   |             |   | Category/<br>Type                            | Date                                      | 06   | 26   | 2014   |  |
|            | FEDERAL SHARE + NONFEDERAL  |             |   |  | = TOTAL AMOUNT                            |  |  |  |  |
|            | FEDERAL SHARE   | +           | NONFEDERAL                                  | SHARE  | =   | Т  | OTAL AMOUN   | Т  |  |
|            | FEDERAL SHARE 42.00   |             | NONFEDERAL                                  | . SHARE<br>158.00                            | -<br>] [:                                 | Т  | OTAL AMOUN   | T<br>200.00  |  |
| C.         |   |             | NONFEDERAL                                  |  | Allocated                                 | d Activity o   | r Event:   | 200.00   |  |
| C.         | Full Name (Last, First, Middle Initial) STEPHANIE TURNER Mailing Address 701 N C STREET   |             | 7 7   |  | Allocated                                 |  | r Event:   | 200.00   |  |
| <u>c</u> . | Full Name (Last, First, Middle Initial) STEPHANIE TURNER Mailing Address 701 N C STREET UNIT 4001 City  |             | 7 7   |  | Allocated  Adr                            | d Activity o   | r Event:   | 200.00  g Exempt adidate Support                       |  |
| C.         | Full Name (Last, First, Middle Initial) STEPHANIE TURNER Mailing Address 701 N C STREET UNIT 4001 City INDIANOLA  | Transactio  | n ID : H4.14668                             |  | Allocated  Adr  Vot                       | d Activity o<br>ministrative<br>er Drive                               | r Event: Fundraisin Direct Car   | g Exempt adidate Support ally) by PAC                  |  |
| <u>C.</u>  | Full Name (Last, First, Middle Initial) STEPHANIE TURNER Mailing Address 701 N C STREET UNIT 4001 City  | Transaction | In ID : H4.14668                            |  | Allocated  Adr  Vot                       | d Activity o<br>ministrative<br>er Drive                               | r Event: Fundraisin Direct Car (ref to party or or Event Year  | g Exempt adidate Support ally) by PAC                  |  |
| <u> </u>   | Full Name (Last, First, Middle Initial) STEPHANIE TURNER Mailing Address 701 N C STREET UNIT 4001 City INDIANOLA Purpose of Disbursement:   | Transaction | In ID : H4.14668                            | 158.00  Category/                            | Allocated  Adr  Vot  Put  Alloca          | d Activity o<br>ministrative<br>er Drive<br>blic Comm<br>ated Activity | r Event: Fundraisin Direct Car (ref to party or or Event Year 42   | g Exempt adidate Support ally) by PAC -To-Date         |  |
| c.         | Full Name (Last, First, Middle Initial) STEPHANIE TURNER  Mailing Address 701 N C STREET UNIT 4001  City INDIANOLA  Purpose of Disbursement: ADMINISTRATIVE CONSULTING  Activity or Event Identifier: Administrative  | State IA    | Zip Code<br>50125                           | Category/<br>Type                            | Allocated  Adr  Vot  Put  Alloca  Date    | d Activity o ministrative per Drive blic Commuted Activity             | r Event:  Fundraisin  Direct Car  (ref to party or or Event Year  42   | g Exempt adidate Support ally) by PAC -To-Date 7465.56 |  |
| C.         | Full Name (Last, First, Middle Initial) STEPHANIE TURNER  Mailing Address 701 N C STREET UNIT 4001  City INDIANOLA  Purpose of Disbursement: ADMINISTRATIVE CONSULTING  Activity or Event Identifier:   | Transaction | In ID : H4.14668                            | Category/<br>Type                            | Allocated  Adr  Vot  Put  Alloca          | d Activity o ministrative per Drive blic Commuted Activity             | r Event: Fundraisin Direct Car (ref to party or or Event Year 42   | g Exempt adidate Support ally) by PAC -To-Date 7465.56 |  |
| c.         | Full Name (Last, First, Middle Initial) STEPHANIE TURNER  Mailing Address 701 N C STREET UNIT 4001  City INDIANOLA  Purpose of Disbursement: ADMINISTRATIVE CONSULTING  Activity or Event Identifier: Administrative  | State IA    | Zip Code<br>50125                           | Category/<br>Type                            | Allocated  Adr  Vot  Put  Alloca  Date    | d Activity o ministrative per Drive blic Commuted Activity             | r Event:  Fundraisin  Direct Car  (ref to party or or Event Year  42   | g Exempt adidate Support ally) by PAC -To-Date 7465.56 |  |
|            | Full Name (Last, First, Middle Initial) STEPHANIE TURNER  Mailing Address 701 N C STREET UNIT 4001  City INDIANOLA  Purpose of Disbursement: ADMINISTRATIVE CONSULTING  Activity or Event Identifier: Administrative  FEDERAL SHARE  63.00  | State IA +  | Zip Code<br>50125                           | Category/<br>Type                            | Allocated  Adr  Vot  Put  Alloca  Date    | d Activity o ministrative per Drive blic Commuted Activity             | r Event:  Fundraisin  Direct Car  (ref to party or or Event Year  42   | g Exempt adidate Support ally) by PAC -To-Date 7465.56 |  |
|            | Full Name (Last, First, Middle Initial) STEPHANIE TURNER  Mailing Address 701 N C STREET UNIT 4001  City INDIANOLA  Purpose of Disbursement: ADMINISTRATIVE CONSULTING  Activity or Event Identifier: Administrative  | State IA +  | Zip Code<br>50125                           | Category/<br>Type SHARE 237.00               | Allocated  Adr  Vot  Put  Alloca  Date    | d Activity o ministrative er Drive bolic Comm ated Activity            | r Event:  Fundraisin  Direct Car  (ref to party or or Event Year  42   | g Exempt adidate Support ally) by PAC -To-Date 7465.56 |  |
|            | Full Name (Last, First, Middle Initial) STEPHANIE TURNER  Mailing Address 701 N C STREET UNIT 4001  City INDIANOLA  Purpose of Disbursement: ADMINISTRATIVE CONSULTING  Activity or Event Identifier: Administrative  FEDERAL SHARE  63.00  JBTOTAL of Allocated Federal and NonFede  | State IA +  | n ID : H4.14668  Zip Code 50125  NONFEDERAL | Category/<br>Type SHARE 237.00               | Allocated  Adr  Vot  Put  Alloca  Date    | d Activity o ministrative er Drive bolic Comm ated Activity            | r Event: Fundraisin Direct Car (ref to party or or Event Year 42 26 OTAL AMOUN                               | g Exempt adidate Support ally) by PAC -To-Date 7465.56 |  |
| sı         | FUIL Name (Last, First, Middle Initial) STEPHANIE TURNER  Mailing Address 701 N C STREET UNIT 4001  City INDIANOLA  Purpose of Disbursement: ADMINISTRATIVE CONSULTING  Activity or Event Identifier: Administrative  FEDERAL SHARE  63.00  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE  370.02  OTAL This Period (last page for each line on | State IA +  | NONFEDERAL  NONFEDERAL  nis Page NONFEDERAL | Category/<br>Type SHARE 237.00 SHARE 1391.98 | Allocated  Adr  Vot  Put  Alloca  Date  = | d Activity o ministrative ter Drive blic Commuted Activity             | r Event:  Fundraisin  Direct Car  (ref to party or  or Event Year  42  OTAL AMOUNT  OTAL AMOUNT              | g Exempt adidate Support ally) by PAC To-Date 7465.56  |  |
| sı         | Full Name (Last, First, Middle Initial) STEPHANIE TURNER  Mailing Address 701 N C STREET UNIT 4001  City INDIANOLA  Purpose of Disbursement: ADMINISTRATIVE CONSULTING  Activity or Event Identifier: Administrative  FEDERAL SHARE  63.00  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE  370.02   | State IA +  | Zip Code<br>50125<br>NONFEDERAL             | Category/<br>Type SHARE 237.00 SHARE 1391.98 | Allocated  Adr  Vot  Put  Alloca  Date  = | d Activity o ministrative ter Drive blic Commuted Activity             | r Event:  Fundraisin  Direct Car  (ref to party or  or Event Year  42  OTAL AMOUNT  OTAL AMOUNT  OTAL AMOUNT | g Exempt adidate Support ally) by PAC To-Date 7465.56  |  |